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## SLAP Repair

### Post-Operative Rehabilitation Protocol

### Illinois Bone & Joint Institute

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*The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a SLAP repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon*

Phase 1:           **Time Frame:** 0-4 weeks

**Immobilization:** Sling / Immobilizer x 4 weeks. Remove for therapeutic exercises, general hygiene and when awake, alert and in safe environment (i.e. sitting on couch watching TV).

**Restrictions:** Avoid AROM and strengthening. Limit PROM and AAROM as follows: FF-140°, ER-40°, No IR restrictions.

**Exercises:** Gripping exercises, elbow, wrist and finger ROM. Shoulder P/AAROM in line with restrictions. Utilize modalities as needed. Instruct patient on HEP to perform twice daily.

Phase 2:           **Time Frame:** 4-8 weeks

**Immobilization:** None

**Restrictions:** Advance ROM within limits of pain tolerance.

**Exercises:** Gradually increases ROM exercises adding AROM at 4 weeks. At 6 weeks begin shoulder isometric strengthening initially with arms at side (IR, ER, scapular stabilization). Patient may advance to resistance strengthening with bands at 8 weeks post-operatively. Modalities used as needed.

Phase 3: **Time Frame:** 8-12 weeks

**Immobilization:** None

**Restrictions:** Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

**Exercises:** Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Continue with shoulder strengthening with advancement to exercises with arms away from body. The patient should progress to resistance strengthening with weights at 10 weeks post-op.

Phase 4: **Time Frame:** 12+ weeks

**Immobilization:** None

**Restrictions:** No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

**Exercises:** ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 12 weeks. Add plyometric training for athletes at 12 weeks. Add exercises simulating work requirements or sport at 14 weeks. Consider work conditioning program at 20 weeks based on patient's job requirements and patient motivation.