

27207 Lahser Road #200-B
Southfield, MI 48034
Ph. (248)663-1900

Kyle Anderson, MD
William Beaumont Hospital
6900 Orchard Lake Rd #103
W. Bloomfield, MI 48322
Ph. (248)855-7400

3535 W. 13 Mile Rd. #605
Royal Oak, MI 48073
Ph. (248)551-9100

SLAP Repair Surgical Protocol

Precautions

1. Patient in sling for 4-6 wks (or discharged earlier by physician)
2. **Avoid 90/90 for 10 wks**, & excessive **ER at 45/90°** (peel-back mechanism)
3. Hold extension until 4-6 wks
4. If SLAP is done with *CAP SHRINK* hold in sling for 6 wks minimum, start PT 4 wks post-op (recommended by physician)
5. Return to throwing 4-5 months post-op

No resistive biceps for 6-8 weeks

Stage 0

1. Educate patient (sling wear)
2. Decrease inflammation
3. Start PT 2-4 wks post-op
4. Posture education

Stage 1 (2-6 wks)

Goal: Decrease inflammation, decrease pain, and initiate strength/ROM

1. Begin AROM supine to tolerance 2-4 wks (FLEX (thumb up), ABD, IR, & ER 25-30 degrees at 0 degrees, elbow FLEX/EXT)
2. AAROM- pulley, cane at 3-4 wks post-op (gentle)
3. Begin isometrics- IR/ER/ABD/EXT@ neutral, NO FLEX
Manuals (IR and ER)
4. Wrist PRE'S/gripping exercise
5. Pendulums, no weight
6. Begin scapular stabilization exercise (sidelying)
7. Rhythmic stabilization exercise @ 0 degrees ABD
8. Trap, scalene, and levator stretching
9. UBE at 6 weeks
10. May initiate form throwing with sling on (use trunk and lower extremity components for overhead delivery)- beginning proprioceptive feedback and functional trunk exercise, 2 wks post-op
11. Trunk, lower extremity, and cardiovascular training
12. Avoid ant/post shoulder mob until 3-4 wks post-op
13. Control inflammation-modalities

Kyle Anderson, MD
William Beaumont Hospital
6900 Orchard Lake Rd #103
W. Bloomfield, MI 48322
Ph. (248)855-7400

27207 Lahser Road #200-B
Southfield, MI 48034
Ph. (248)663-1900

3535 W. 13 Mile Rd. #605
Royal Oak, MI 48073
Ph. (248)551-9100

Stage 2 (6-10/12 wks)

Goals: Full passive ROM, and minimal pain

1. AROM 6 wks as tolerated (Flex, ABD, ER, and IR)
2. Passive ROM within 75-80% of normal limits by 6 wks
3. Resisted band/tubing IR/ER at side, isotonic IR/ER in sidelying
4. Bicep strengthening (**see timeline and script for confirmation)
5. Continue to avoid 90/90
6. Rhythmic stabilization IR/ER continued; 4 point to 3 point
7. Continue scapular stabilization exercise
8. Closed kinetic chain (CKC)/functional exercise
9. Resisted PNF (neuromuscular drills) at 10 wks
10. Capsular stretches as indicated
11. Initiate manual resistance isotonic ex (i.e. sidelying ER etc.) by 6-8 weeks
12. Continue to control inflammation

Stage 3 (10/12-20 wks/Throwing/Functional Ex)

Goals for DC: Full active ROM 10-12 wks, pain free, good to normal (4+ to 5/5) strength

1. Continue biceps strengthening
2. Open kinetic chain/functional exercises
3. Start 90/90 exercise
4. Plyometrics 15-20 wks post-op
5. Continue cuff exercise 0 to 90/90 degrees
6. Continue scapular ex: prone clocks, lower trap, mid trap, serratus, etc...
7. Start return to throw program/return to sport 4-5 months post-op
8. Continue neuromuscular drills
9. Progress manual (i.e. 90/90 ER)

Revision date: 9/2004