Northwest Ohio Orthopedics and Sports Medicine
7595 County Road 236, Findlay, OH 45840
Phone: 419.427.3109 Fax: 419.427.3020

*NWO Therapy Department*

# Rehabilitation Guidelines for Type II and IV SLAP Repairs

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to check with the surgeon/operative report regarding progression. The therapist needs to take into consideration multiple variables including: mechanism of injury, tear location, repair type, tissue quality, and patient characteristics including comorbidities, age, goals, and expectations. **If the patient has a concomitant injury/repair (especially rotator cuff repair) then treatment may vary-consult with surgeon.** Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used to reference.

- Notify the surgeon ***immediately*** of any concerns for infection, edema, or significant variation in expected progression/outcomes.

- **Pre-op (if available)**
  - Fit with post-op sling/swathe with abductor pillow
  - Measure and provide patient with Thigh High TED hose (to be worn 2-4 weeks post-operatively).
  - Provide Polar Care Unit – to be utilized 2 weeks post-op on a prn basis
  - Initial PT Evaluation should be schedule 2-3 days post-operative
  - Provide patient with education/instructions from surgery date to initial PT eval.

- **Phase I: 0-6 week**
  - **Goals:**
    - Maintain integrity of repair
    - Decrease pain and inflammation
    - Promote tissue healing
    - Progressively increase passive range of motion
    - Prevent muscle inhibition
    - Patient education of precautions and progressions

  - **Precautions:**
    - No active range of motion
    - No quick movements
    - No lifting of objects
    - No excessive stretching
    - No supporting body weight by hands

Northwest Ohio Orthopedics and Sports Medicine
7595 County Road 236, Findlay, OH 45840
Phone: 419.427.3109 Fax: 419.427.3020



- PROM that is too aggressive or provokes muscle guarding
- Keep incisions dry and clean
- Continue with sling with abductor pillow

➢ **0-2 weeks**
- PROM flexion to 90 degrees
- PROM ER to neutral
- PROM IR to 45 degrees
- Grade I/II joint mobilizations
- No isolated biceps contractions

➢ **2-4 weeks**
- PROM flexion to 90 degrees
- PROM ER to 30 degrees at 45 degrees abduction
  - No ER in abduction to avoid biceps loading
- PROM IR 60 degrees
- Isometrics into flexion, IR, ER, ABd
- Rhythmic stabilization exercises
- Scapular Isometrics

➢ **4-6 weeks**
- Progress PROM flexion to 120 degrees
- Progress PROM ER to 40 degrees
  - No ER in abduction greater than 45 degrees
- PROM IR 60 degrees

❖ **<u>Phase II: 6-12 weeks</u>**

➢ **Criteria to progress to phase II.**
- Appropriate healing by adhering to precautions in phase I
- Staged ROM goals achieved
- Minimal pain

➢ **Goals for Phase II**
- Allow healing of soft tissue
- Do not overstress healing tissue
- Restore full PROM by week 12
- Normalize AROM
- Begin to increase strength and endurance
- Initiate gradual return to functional activities and light work activities

Northwest Ohio Orthopedics and Sports Medicine
7595 County Road 236, Findlay, OH 45840
Phone: 419.427.3109 Fax: 419.427.3020



- **6-8 weeks**
  - Initiate AAROM/AROM activities at shoulder
  - Avoid compensations
    - Progress per clinical assessment
  - Advance PROM to tolerance
    - May initiate PROM IR/ER at 90 degrees abduction (if indicated)
    - Grade III/IV joint mobilizations
  - Discharge sling per MD approval

- **8-10 weeks**
  - Initiate isotonic strengthening
  - Initiate functional activities
  - Continue to monitor for improper compensations.

❖ **Phase III: 12+ weeks**

- **Criteria to progress to phase III**
  - Minimal pain with AROM and strengthening activities
  - Full AROM without substitution
  - Good strength without substitution

- **Goals**
  - Full PROM/AROM
  - Enhance dynamic stability
  - Gradual restoration of strength, power, and endurance
  - Advance neuromuscular control
  - Return to full ADLs/work

- **12+ weeks**
  - Advance all activities based upon patient goals and expectations.

❖ Each patient is an individual and should be treated as such. Work together with the referring orthopedic for optimal patient outcome.

Northwest Ohio Orthopedics and Sports Medicine
7595 County Road 236, Findlay, OH 45840
Phone: 419.427.3109 Fax: 419.427.3020



References:

Wilk K, Reinold M, Dugas J, Arrigo C, Moser M, Andrews J. Current concepts in the recognition and treatment of superior labral (SLAP) lesions. J Orthop Sports Phys Ther. 2005; 35: 273-291.

Dodson C, Altcheck D. SLAP lesions: an update on recognition and treatment. J Orthop Sports Phys Ther 2009; 39 (2): 71-80.

Leggin B, Kelley M, Williams G. Postoperative Management of the Shoulder. Postoperative Mangement of Orthopaedic Surgeries: Independent Study Course 15.2.6; 2005.