

## SLAP Repair Protocol

Weeks one to three	Weeks four to six
<b>Initial Evaluation</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Posture and position of the shoulder girdle</li> <li>➤ Passive range of motion</li> <li>➤ Inspect for incisional integrity and infection</li> <li>➤ Assess RTW and sport expectations</li> <li>➤ Patient should present in sling with 6 weeks of biceps precautions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Passive range of motion</li> <li>➤ Inspect for incisional integrity and infection</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds</li> <li>➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 10-12 weeks depending on how the patient presents)</li> <li>➤ Discuss biceps precautions (no resisted biceps activity for 6 weeks) (No stretching of biceps in early rehab (extension of shoulder beyond plane of body, forced ER, or ER at 90<sup>0</sup> ABD)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue education regarding correction of abnormal movement patterns and posture</li> <li>➤ Reinforce biceps precautions</li> <li>➤ Wean from sling with physician approval, typically 4-6 weeks post-op</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ AAROM may include pendulums, table slides for flexion, IR/ER with stick in open packed position, or pulleys</li> <li>➤ May initiate submaximal isometrics</li> <li>➤ Avoid stress to biceps</li> <li>➤ Ensure completion of HEP includes AAROM activities within precautions (SLAP repair patients have a propensity for early post-operative stiffness)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Initiate AROM without resistance or compensation (Typically prone and sidelying table exercises, add light resistance at week 5-6)</li> <li>➤ Continue submaximal isometrics</li> <li>➤ Avoid stress to biceps</li> <li>➤ May initiate UBE without significant resistance at week 6</li> <li>➤ May add more aggressive self stretches at week 6 if needed (wallclimbs, self IR and ER stretches)</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as needed</li> <li>➤ Initiate gentle mobilization of incision when appropriate</li> <li>➤ Rhythmic stabilization in supine</li> </ul>	<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as needed</li> <li>➤ Continue incisional mobilization and desensitization as indicated</li> <li>➤ Rhythmic stabilization in supine</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any modalities as indicated for reduction of symptoms and effusion</li> </ul>	<ul style="list-style-type: none"> <li>➤ Any modalities as indicated for reduction of symptoms and effusion</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Maintain integrity of repair</li> <li>➤ Restore passive range of motion</li> <li>➤ Reduce post-operative symptoms</li> <li>➤ Independence with post operative precautions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Full passive range of motion</li> <li>➤ No pain with ADL's</li> <li>➤ Prevent incisional adherence</li> <li>➤ Maintain integrity of repair</li> </ul>

Frisbie Memorial Hospital    Marsh Brook Rehabilitation Service    Wentworth-Douglass Hospital    Durham: Rehab and Sports Therapy Center

<b>Weeks six to ten</b>	<b>Weeks ten to discharge</b>
<b>Evaluate</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Assess AROM, Glenohumeral rhythm, and substitution patterns</li> <li>➤ Periscapular and rotator cuff strength</li> </ul>	<ul style="list-style-type: none"> <li>➤ Address any deficits that may limit return to work or sport goals</li> <li>➤ HEP compliance</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Continue education regarding correction of abnormal movement patterns and posture</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue education regarding correction of abnormal movement patterns and posture</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ UBE</li> <li>➤ May initiate light biceps strengthening week 6</li> <li>➤ Pain free isotonic exercise for periscapular and rotator cuff musculature, may include activity above shoulder height at week 8 if minimal to no substitution</li> <li>➤ Add closed chain proprioceptive exercises as indicated</li> <li>➤ Continue with self stretches as needed</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue isotonic exercise for periscapular and rotator cuff musculature to include activity above shoulder height</li> <li>➤ Continue with self stretches as needed</li> <li>➤ Encourage participation in the CFA or establish independent HEP to include strengthening of periscapular and rotator cuff musculature</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as indicated</li> <li>➤ Consider use of proprioceptive neuromuscular facilitation</li> </ul>	<ul style="list-style-type: none"> <li>➤ PROM and joint mobilization as indicated</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any modalities as indicated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Any modalities as indicated</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ No pain</li> <li>➤ Full AROM without substitution</li> </ul>	<ul style="list-style-type: none"> <li>➤ Normal strength</li> <li>➤ Return to work or sport</li> <li>➤ Independence with HEP</li> </ul>