**Arthroscopic SLAP Repair**

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This protocol was developed for patients who have had an arthroscopic SLAP repair. The goal of this protocol is to advance range of motion and strength as directed while protecting the repair to ensure optimal healing.

Patients will begin physical therapy after their first post operative visit with the physician. The dressing will have been removed and patients will have been performing pendulums, elbow ROM and gripping with the arm resting in the neutral position as part of their home program.

Primary goals in the early weeks are to stress compliance with their home exercise program, reinforce restrictions, and prevent stiffness and compensation by hiking the shoulder. If ROM begins to progress easily, you may slow progression to protect the repair. Resisted biceps function should be avoided for 3 months.

Unless otherwise indicated in the referral, the sling should be worn at all times except to perform home exercises five times a day. The sling should be worn for 6 weeks.

Stretching exercises to regain motion are performed in sets of 5 repetitions, 5 times per day. The exercises are to be initiated at the first therapy visit. All exercises are intended for home rehabilitation.

**Weeks 1-4:**

Goals:

1. Protect the surgical repair

2. Ensure wound healing

3. Prevent shoulder stiffness

4. Regain range of motion

5. Control pain and swelling

Activities:

- Pendulum circumduction exercises (no weights)

-Passive self- assisted (patient performs exercises) supine external rotation, supine forward elevation, horizontal adduction and standing internal rotation

-For patients who guard, they may use a table to perform forward elevation stretches

-Begin postural exercises with isometric serratus anterior, rhomboid and trapezius contraction

-Neck range of motion to prevent cervical spine soreness

-Each stretch should be done for 5 repetitions, holding each stretch for 10 seconds.

-Goal is to regain full PROM by 8 weeks post op

**Weeks 5-9:**

Goals**:**

1**.** Protect the surgical repair

2. Improve range of motion of the shoulder

3. Begin gentle strengthening

Activities:

-May discharge the sling and begin light active use

-Pulleys for assisted elevation to begin gentle strengthening and elevation patterning

-Continue passive self assisted range of motion stretching exercises

-Active range of motion exercises

-Begin active elevation in the supine position to minimize gravity affect

-Scapula stabilization, none in a weight bearing position at this time

-Isometric: deltoid, internal rotation, external rotation

**Weeks 9-12:**

Goals:

1. Protect the surgical repair

2. Regain full range of motion

3. Continue strengthening progression

Activities:

**-**Theraband strengthening

-Continue passive self assisted stretching to achieve full range of motion

-May use arm for daily activities.

**Range of Motion Goals Week 12 should be at least ….**

|  |  |
| --- | --- |
|  | Wk 12 |
| Active forward elevation | 140° |
| Active external rotation | 40° |
| Passive internal rotation | T12 |

**Weeks 13-20:**

Goals:

1. Gradual initiation of functional activities

2. Maintain full range of motion

3. Continue progressive strengthening

Activities:

**-**Dynamic strengthening

**-**Weight Training – Focus on increased repetitions and lighter weight. Do not train until muscle failure.

-Continue passive self assisted stretching to achieve full range of motion

-May use arm for daily activities.

**Notes:**

If stiffness develops, strengthening is to be delayed and stretching emphasized.

Heat can be used after 2 weeks post-op to warm up prior to stretching.

Ice is used for pain control and after stretching.