

**REHABILITATION GUIDELINES FOR
SLAP LESION REPAIR**

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

PHASE I: Initiate PT 3-5 days post-op (Surgery to 4-6 weeks)

DOS: _____

APPOINTMENTS	Meet with the Physician at 1 and 6 weeks post-op Begin Physical Therapy 7-10 days after surgery, continue 1-2x per week.
REHAB GOALS	<ol style="list-style-type: none"> 1. Protection of the post-surgical shoulder. 1. Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints.
PRECAUTIONS	<ol style="list-style-type: none"> 1. Sling immobilization required for soft tissue healing for 4 weeks. 2. Hypersensitivity in axillary nerve distribution is a common occurrence. 3. No active biceps motion for 6 weeks 4. No biceps tension for 10 weeks to protect repaired tissues-this includes avoiding long lever arm flexion ROM; resisted supination, elbow flex or shoulder flex. 5. Limit PROM external rotation to neutral for the first 4 weeks. 6. No PROM extension or horizontal extension past body for 4 weeks
ROM EXERCISES (Please do not exceed the ROM specified for each exercise and time period)	<ul style="list-style-type: none"> • Gentle A/AAROM for elbow and wrist • Pain free, gentle PROM for shoulder flexion, abduction, internal rotation and external rotation to neutral.
SUGGESTED THERAPEUTIC EXERCISE	Begin week 2-3, sub-maximal shoulder isometrics for IR/ER, & abd/add. Hand gripping. Cervical spine and scapular AROM. Desensitization techniques for axillary nerve distribution.
CARDIOVASCULAR FITNESS	Walking, stationary bike-sling on. No treadmill, swimming, or throwing (Avoid running and jumping due to the distractive forces

	that can occur at landing)
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PHASE II (6 TO 12 weeks)

Begin Date: _____

APPOINTMENTS	Meet with the Physician at Physical Therapy 1 x per 1-2 weeks
REHAB GOALS	<ol style="list-style-type: none">1. Full AROM; full external ROM in abduction no greater than 60°2. Full rotator cuff strength in a neutral position.
PRECAUTIONS	<ol style="list-style-type: none">1. No bicep tension for 10 weeks to protect repaired tissues-this includes avoiding long lever arm flexion ROM or resisted: supination, elbow flex or shoulder flex.2. No AROM or PROM for external rotation in abduction greater than 60°; no extension beyond neutral.3. Okay to initiate posterior capsule mobilization at 8-10 weeks pain free if appropriate
ROM EXERCISES (Please do not exceed the ROM specified for each exercise and time period)	<ul style="list-style-type: none">• AROM for shoulder flexion in side lying to avoid bicep tension.• AROM for shoulder abduction in supine or prone to avoid bicep tension.• AROM internal rotation• AROM/PROM external rotation gradually progressing angle of abduction from 0-60°
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none">• May begin UBE 6-8 weeks without pain or substitution patterns• Scapular squeezes (shoulder not beyond neutral)• Internal and external rotation in neutral with theraband resistance to neutral-make sure patient is not supinating with ER movement.• Ball squeezes
CARDIOVASCULAR FITNESS	Walking, stationary bike without using arms (No Airdyne). No Treadmill, swimming, running, or elliptical.

PHASE III (Begin at 12 weeks and continue until phase III goals are met, ~16 weeks)

Begin Date: _____

APPOINTMENTS	Meet with the Physician at 12 weeks. Physical Therapy 1-2x per week.
Phase III Goals	<ol style="list-style-type: none"> 1. Full AROM in all cardinal planes with normal scapulo-humeral movement; full external ROM in 90° abduction 2. 5/5 rotator cuff strength at 90° abduction in the scapular plane. 3. 5/5 peri-scapular strength
PRECAUTIONS	<ol style="list-style-type: none"> 1. All exercises and activities to remain non-provocative and low to medium velocity. 2. Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm. 3. No swimming, throwing or sports. 4. Pt. To avoid weighted hyperextension or hyperabduction for life (ie: benchpress beyond neutral)
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Motion</u> Posterior glides if posterior capsule tightness is present (okay at 8-10 weeks). Progress external rotation in abduction (progress from 60-90° abduction)</p> <p><u>Strength and Stabilization</u> Flexion in prone, horizontal abd in prone, full can ex, D1 and D2 diagonals in standing.</p> <p>TB/cable column/ dumbbell (light resistance/high rep) IR/ER progressing from 30-90 abduction and rowing.</p> <p>Balance board in push-up position (with RS), prone swiss ball walk-outs, rapid alternating movements in supine D2 diagonal. CKC stabilization with narrow base of support.</p>
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria). NO SWIMMING.
PROGRESSION CRITERIA	Patient may progress to Phase IV if they have met the above stated goals and have no apprehension or impingement signs.

PHASE IV (Begin when goals and criteria from phase III are met, ~16 wks)

Begin Date: _____

APPOINTMENTS	Meet with the physician at 18 weeks post-op. Physical Therapy 1x every 3 weeks.
PHASE IV GOALS	<ol style="list-style-type: none">1. Pt to demonstrate stability with higher velocity movements and change of directions movements.2. 5/5 rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane.3. Full multi-plane AROM.
PRECAUTIONS	<ol style="list-style-type: none">1. Progress gradually into provocative exercises by beginning with low velocity, known movement patterns.2. Pt. To avoid weighted hyperextension or hyperabduction for life (ie: benchpress beyond neutral)
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Strength and Stabilization</u></p> <p>Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises.</p> <p>TB/cable column/dumbbell 1R in 90° abduction and rowing.</p> <p>Higher velocity strengthening and control, such as the inertial, plyometrics, rapid theraband drills. Plyometrics should start with 2 hands below shoulder ht and progress to overhead, and then back to below shoulder with one hand, progressing again to overhead.</p>
CARDIOVASCULAR FITNESS	Walking, biking, stairmaster and running (if they have met PII criteria). NO SWIMMING
PROGRESSION CRITERIA	Patient may progress to Phase V if they have met the above stated goals and have no apprehension or impingement signs.

PHASE V (Begin when goals and criteria from phase IV are met, ~20wks)

Begin Date: _____

APPOINTMENTS	Meet with the Physician at 24 weeks post-op. Physical Therapy 1x every 2-3 weeks.
PHASE V GOALS	<ol style="list-style-type: none">1. Pt to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc).2. No apprehension or instability with high velocity overhead movements.3. Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder.4. Work capacity cardiovascular endurance for specific sport or work demands.
PRECAUTIONS	<ol style="list-style-type: none">1. Progress gradually into sport specific movements patterns.2. Pt. To avoid weighted hyperextension or hyperabduction for life (ie: benchpress beyond neutral)
SUGGESTED THERAPEUTIC EXERCISE	<p><u>Motion</u> Posterior glides if posterior capsule tightness is present.</p> <p><u>Strength and Stabilization</u> Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocities. Begin working towards more sport specific activities.</p> <p>Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport.</p> <p>High velocity strengthening and dynamic control, such as the inertial, plyometrics, rapid theraband drills.</p>
CARDIOVASCULAR FITNESS	Design to use sport specific energy systems.
PROGRESSION CRITERIA	Patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer.

Updated: 8/2014