



Call my assistant Cameron for appts, questions, concerns: 307-745-1409
 Call 307-745-8851 for appts, questions, concerns after business hours

REHABILITATION GUIDELINES FOR SLAP REPAIR

PHASE I (0-2 WEEKS)

DATES:

| | |
|---------------------------------|--|
| Appointments | Physical therapy 2-3x/week, beginning 2-5 days post-op |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Protect repair • Decrease pain and inflammation • Promote early stability • Prevent effects of immobilization |
| Precautions | <ul style="list-style-type: none"> • No active biceps contraction • No active ER, extension, flexion or abduction • PROM and AAROM: <ul style="list-style-type: none"> • Week 1: flexion to 60 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees • Week 2: flexion to 75 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees • Week 3: flexion to 90 degrees, ER in scapular plane to 30 degrees, IR to 45 degrees • Use of sling at all time except for PT and HEP until week 4 |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • AAROM and PROM exercise within precautions • Gripping exercises, wrist AROM exercises • Submaximal rotator cuff isometrics |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking and stationary biking |
| Progression Criteria | <ul style="list-style-type: none"> • Rehab PROM/ARROM goals met • Diminished swelling |

PHASE II (3-4 WEEKS)

DATES:

| | |
|----------------------|---|
| Appointments | Continue physical therapy 2-3x/week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Discontinue sling at Week 4 |



| | |
|---------------------------------|--|
| Precautions | <ul style="list-style-type: none"> • No active ER, extension, flexion or abduction • PROM and AAROM: <ul style="list-style-type: none"> o Flexion to 90 degrees in scapular plane o Abduction to 85 degrees o ER to 30 degrees in scapular plane o IR to 45 degrees progressing to 60 degrees in scapular plane |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • AAROM and PROM exercises within precautions • Gentle submax isometrics • Initiate rhythmic stabilization drills • May begin ER and IR with bands/tubing 0 degrees abduction |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking and stationary cycling |
| Progression Criteria | <ul style="list-style-type: none"> • PROM goals met, Good tolerance to submax isometrics |

PHASE III (5-6 WEEKS)

DATES:

| | |
|---------------------------------|--|
| Appointments | <ul style="list-style-type: none"> • Physical therapy 2 x per week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Begin AROM in all planes- gravity eliminated Δ gravity resisted |
| Precautions | <ul style="list-style-type: none"> • Flexion to 145 degrees • In 45 degrees abduction: ER to 50 degrees, IR to 60 degrees • Extension to tolerance • No biceps strengthening |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Continue with tubing/band for ER/IR at 0 degrees • Initiate active shoulder abduction and scaption • Begin gentle PNF beginning at mid-range progress to full range • Initiate prone exercises (rows, horizontal abduction) • Begin AROM elbow flexion, supination and extension |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking, stationary biking, begin light UBE |
| Progression Criteria | <ul style="list-style-type: none"> • AROM goals met |

PHASE IV (WEEKS 7-9)

DATES:

| | |
|----------------------|---|
| Appointments | <ul style="list-style-type: none"> • Physical therapy 2 x per week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full shoulder flexion and abduction by week 9 • Maintain integrity of repair • Restore muscle strength • Improve ER to 90 degrees and IR to 75 degrees |
| Precautions | <ul style="list-style-type: none"> • Submax isometrics of biceps for type II repair • No isometrics or isotonic strengthening of biceps if type IV repair |



| | |
|---------------------------------|--|
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Isotonic RC, periscapular and shoulder strengthening • PNF work toward full ROM • Initiate throwers 10 program |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Cardiovascular exercise of the patient's choice |
| Progression Criteria | <ul style="list-style-type: none"> • ROM goals met |

PHASE IV (WEEKS 10-12)

DATES:

| | |
|---------------------------------|--|
| Appointments | <ul style="list-style-type: none"> • Physical therapy 2 x per week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full flexion, abduction ER at 90/90 should be achieved at week 12 |
| Precautions | <ul style="list-style-type: none"> • If motion is progressing avoid forceful techniques to gain ROM • Type II repair: begin isotonic biceps strengthening at 12 weeks • Type IV: begin gentle submax pain free isometrics |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Progress shoulder, periscapular and shoulder strengthening |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Cardiovascular exercise of the patient's choice |
| Progression Criteria | <ul style="list-style-type: none"> • ROM goals met |

PHASE IV (WEEKS 12-20)

DATES:

| | |
|---------------------------------|---|
| Appointments | <ul style="list-style-type: none"> • Physical therapy 1 x per week, 1 x every 2 weeks |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Establish and maintain full ROM • Improve strength power and endurance • Initiate functional exercises |
| Precautions | <ul style="list-style-type: none"> • If ROM is still limited may use more aggressive stretching/mobilization techniques |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Throwers 10, RC, shoulder and periscapular strengthening • Type II repair: progress biceps strengthening • Type: IV: progress to gentle isotonic strengthening of biceps • Progress endurance • Initiate light plyometric program (2 arm throws->single arm throws) • Chest pass->Overhead pass • Slow return to sports: light swimming, half golf swings |



| | |
|--------------------------|---|
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Cardiovascular exercise of the patient's choice |
| Progression Criteria | <ul style="list-style-type: none"> • Normal ROM, Normal muscle strength |

PHASE IV (*WEEKS 20+*)

DATES:

| | |
|---------------------------------|---|
| Appointments | <ul style="list-style-type: none"> • Physical therapy 1 visit every 3-4 weeks for HEP progression |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Work toward gradual return to activity • Return to sport should be by 6-9 months |
| Precautions | <ul style="list-style-type: none"> • NA |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Progress sport activity to unrestricted participation • Continue with strengthening and stretching |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Running, return to sports, UBE |
| Progression Criteria | <ul style="list-style-type: none"> • Full return to activity |

CREDIT MAMMOTH PT DEPT