

SLAP Lesion Repair - Rehabilitation Outline

General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Phase 1 – 0-3 weeks post-op

1	Immobilization in sling full-time for 3 weeks except for PT as below
2	No gravity or other traction on biceps/labral complex
3	Active hand/wrist ROM
4	Triceps and post/lat deltoid isometrics (NO Biceps/ant deltoid)
5	At 2 weeks: start SUPINE PASSIVE exercises: <ul style="list-style-type: none"> • Supine passive forward flexion to maximal • Supine passive ER to 30° • Supine passive abduction along table/floor (plane of scapula)
6	Ice, NSAIDS, pain meds
7	Modalities prn

Phase 2 – 3-6 weeks post-op

1	Start more aggressive PROM
2	Pulley for FF
3	Codmans/pendulums
4	ER to 30°
5	Abduction in plane of scapula
6	Add full deltoid isometrics (NO biceps)
7	At 4 weeks: begin pool exercises:
8	AAROM flexion, extension, horizontal adduction, elbow flex/ext, pro/sup

Phase 3 – 6-9 weeks post-op

1	Begin AAROM
2	ER to 30° with arm at side
3	Flexion, IR, abduction in scapular plane
4	Elbow flexion/extension, pro/sup
5	Pool AROM all directions below horizon
6	Begin scapular stabilization PRE's (scapular, latissimus)
7	Begin cuff isometrics
8	Lower-body endurance program (e.g. jogging, etc. now ok)

Phase 4 – 9-12 weeks post-op

1	Advance to AROM all directions
2	Maximize AROM/PROM all directions
3	Begin cuff PRE's
4	PRE's biceps/triceps
5	Continue scapular stabilization program, stressing eccentrics

Phase 5 – 12-14 weeks post-op

1	Progressive PRE's all shoulder girdle musculature
2	For non-athletes, focus on work-specific activities, with return to work ASAP
3	For athletes, begin sports-specific training
4	Begin muscle endurance activities
5	Continue scapular stabilization, internal rotation stretching for throwing athletes

Phase 6 – 14-16 weeks post-op

1	Plyometrics for throwing athletes
2	Continued aggressive scapular stabilization
3	Begin progressive throwing/racquet program
4	Limited return to sporting activity based on type

Phase 7 – 16+ weeks post-op

1	Return to play
2	Continue stretching/strengthening maintenance program