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**SLAP Repair Surgical Protocol**

**Precautions**

1. Patient in sling for 4-6 weeks (or discharge earlier by physician)
2. Avoid 90/90 for 10 weeks, and excessive ER at 45/90 degrees (peel-back mechanism)
3. Hold extension until 4-6 weeks
4. If SLAP is done with CAP SHRINK hold in sling for 6 weeks minimum, start PT 4 weeks’ post-op (recommended by physician)
5. Return to throwing 4-5 months’ post-op
* No resistive biceps for 6-8 weeks

**Stage 0**

1. Educate patient (sling wear)
2. Decrease inflammation
3. Start PT 2-4 weeks’ post-op
4. Posture education

**Stage 1 (2-6 weeks)**

Goal: Decrease inflammation, decrease pain, and initiate strength/ROM

1. Begin AROM supine to tolerance 2-4 weeks (FLEX (thumb up), ABD, IR, & ER 25-30 degrees at 0 degrees, elbow FLEX/EXT)
2. AAROM – pulley, cane at 3-4 weeks’ post-op (gentle)
3. Being isometrics – IR/ER/ABD/EXT @ neutral, NO FLEX Manuals (IR & ER)
4. Wrist PRE’s/gipping exercise
5. Pendulums, no weight
6. Begin Scapular stabilization exercise (sidelying)
7. Rhythmic stabilization exercise @ 0 degrees ABD
8. Trap, scalene, and levator stretching
9. UBE at 6 weeks
10. May initiate from throwing with sling on (use truck and lower extremity components for overhead delivery) – beginning proprioceptive feedback and functional truck exercise, 2 weeks’ post-op
11. Trunk, lower extremity, and cardiovascular training
12. Avoid ant/post shoulder mob until 3-4 weeks’ post-op
13. Control inflammation-modalities

**Stage 2 (6-10/12 weeks)**

Goals: Full passive ROM, and minimal pain

1. AROM 6 weeks as tolerated (FLEX, ABD, ER, and IR)
2. Passive ROM within 75080% of normal limits by 6 weeks
3. Resisted band/tubing IR/ER at side, isotonic IR/ER in sidelying
4. Bicep strengthening (\*\*see timeline and scripts for confirmation)
5. Continue to avoid 90/90
6. Rhythmic stabilization IR/ER continued; 4 point to 3 point
7. Continue scapular stabilization exercise
8. Closed kinetic chain (CKC)/functional exercise
9. Resisted PNF (neuromuscular drills) at 10 weeks
10. Capsular stretches as indicated
11. Initiate manuals resistance3 isotonic ex (i.e. sidelying ER etc.) by 6-8 weeks
12. Continue to control inflammation

**Stage 3 (10/12-20 weeks/Throwing/Functional Ex)**

Goals for DC: Full active ROM 10-12 weeks, pain free, good to normal (4+ to 5/5) strength

1. Continue biceps strengthening
2. Open kinetic chain/functional exercise’s
3. Start 90/90 exercise
4. Plyometric 15-20 weeks’ post-op
5. Continue cuff exercise 0 to 90/90 degrees
6. Continue scapular ex: prone clocks, lower trap, mid trap, serratus, etc.…
7. Start return to throw program/returns to sport 4-5 months’ post-op
8. Continue neuromuscular drills
9. Progress manuals (i.e. 90/90 ER)