Rehabilitation Plan for SLAP Repair - Type II

This protocol aims to assist clinicians in managing the recovery process following SLAP Repair - Type II surgery. It incorporates both time-based milestones, contingent on tissue healing, and criteria-based progression. Treatment should be customized based on individual needs, taking into consideration examination findings and clinical decision-making. The anticipated recovery timelines outlined in this guideline may vary depending on the surgeon's preferences, additional procedures performed, or any complications that arise. Clinicians seeking guidance on patient progression post-surgery are advised to consult with the referring surgeon.

The interventions outlined in this protocol are not exhaustive. Therapeutic strategies should be adapted based on patient progress and at the discretion of the clinician.

Considerations for Post-operative SLAP Repair Rehabilitation
Several factors influence the outcomes of post-operative SLAP repair rehabilitation, including the specific type of SLAP lesion, tear size or number of anchors used, concurrent procedures, and the extent of shoulder hypermobility or laxity. Consideration should also be given to the mechanism of injury and the athlete's desired sport when initiating certain interventions.

Managing Post-operative Complications
If you experience symptoms such as fever, persistent numbness or tingling, excessive drainage from the incision, uncontrolled pain, or any other concerns, it is important to promptly contact the referring physician.

PHASE I: IMMEDIATE POST-OP
(WEEKS 0-3 AFTER SURGERY)

Rehabilitation Goals	• Protect surgical repair • Reduce swelling, minimize pain • Maintain UE ROM in elbow, hand and wrist • Gradually increase shoulder PROM • Minimize muscle inhibition • Patient education
Sling	• Neutral rotation • Use of abduction pillow in 30-45 degrees abduction • Use at night while sleeping
Precautions	• No shoulder AROM/AAROM • No elbow AROM (avoid biceps contraction) • No lifting of objects • No supporting of body weight with hands • No reaching behind back
Intervention	*Swelling Management* • Ice, compression *Range of motion/Mobility* • PROM: ER<30 scapular plane, Forward elevation <90, full elbow flex and ext, seated GH flexion table slide, horizontal table slide (add hyperlink) • AROM: hand, wrist • AAROM: none

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PHASE I: IMMEDIATE POST-OP
(WEEKS 0-3 AFTER SURGERY) CONTINUED

Intervention	*Strengthening (Week 2)* • Periscapular: scap retraction*, prone scapular retraction*, standing scapular setting*, supported scapular setting, inferior glide, low row o *to neutral; avoid shoulder extension • Rotator cuff: submaximal pain-free isometrics • Ball squeeze
Criteria to Progress	• 90 degrees shoulder PROM forward elevation • 30 degrees of shoulder PROM ER in the scapular plane • Full elbow PROM flexion and extension • Palpable muscle contraction felt in scapular and shoulder musculature • No complications with Phase I

PHASE II: INTERMEDIATE POST-OP
(WEEKS 4-6 AFTER SURGERY)

Rehabilitation Goals	• Continue to protect surgical repair • Reduce swelling, minimize pain • Gradually increase shoulder PROM • Minimize substitution patterns with shoulder AAROM • Initiate motor control exercise • Patient education
Sling	• Neutral rotation • Use of abduction pillow in 30-45 degrees abduction • Use at night while sleeping
Precautions	• No shoulder AROM • No elbow AROM (avoid biceps contraction) • No lifting of objects • No supporting of body weight with hands • No reaching behind back
Additional Intervention *Continue with Phase I interventions	*Range of motion/Mobility* • PROM: ER<45 scapular plane, Forward elevation <120 • AAROM: Active assistive shoulder flexion, shoulder flexion with cane, cane external rotation stretch, washcloth press, sidelying elevation to 90 degrees *Strengthening* • Periscapular: Row on physioball*, shoulder extension on physioball*, serratus punches o *to neutral; avoid shoulder extension *Motor Control* • Internal and external rotation in scaption and Flex 90-125 (rhythmic stabilization) Stretching • Sidelying horizontal ADD, sleeper stretch
Criteria to Progress	• 120 degrees shoulder PROM forward elevation • 45 degrees shoulder PROM ER in scapular plane • Minimal substitution patterns with shoulder AAROM • Pain < 4/10 • No complications with Phase II

PHASE III: INTERMEDIATE POST-OP CONTD
(WEEKS 7-8 AFTER SURGERY)

Rehabilitation Goals	• Do not overstress healing tissue • Reduce swelling, minimize pain • Gradually increase shoulder PROM/AAROM • Initiate shoulder and elbow AROM • Initiate RTC strengthening • Improve scapular muscle activation • Patient education
Sling	• Discontinue
Precautions	• No resisted elbow flexion • No lifting of heavy objects (>10 lbs)
Additional Intervention *Continue with Phase I-II interventions	*Range of motion/Mobility* • PROM: ER Full in scapular plane, 90 degrees ER in 90 degrees of abduction, IR Full in scapular plane, Forward elevation Full o *do not push beyond 90 degrees ER in 90 degrees of abduction • AAROM: seated shoulder elevation with cane, seated incline table slides, ball roll on wall • AROM: supine flexion, salutes, supine punch, wall climbs, elbow flexion *Strengthening* • Rotator cuff: side-lying external rotation, standing external rotation w/ resistance band, standing internal rotation w/ resistance band, internal rotation, external rotation • Periscapular: Resistance band shoulder extension*, resistance band seated rows*, rowing*, lawn mowers, robbery o *to neutral; avoid shoulder extension • Elbow: Triceps *Motor Control* • Quadruped alternating isometrics
Criteria to Progress	• Full pain-free shoulder PROM ER and forward elevation • Within 10 degrees of shoulder IR PROM of contralateral shoulder • Minimal substitution patterns with shoulder AROM • Pain < 4/10

PHASE IV: TRANSITIONAL POST-OP
(WEEKS 9-12 AFTER SURGERY)

Rehabilitation Goals	• Do not overstress healing tissue • Restore full shoulder PROM and AROM • Initiate resisted elbow flexion at 12 weeks • Improve dynamic shoulder stability • Progress periscapular strength • Gradually return to full functional activities
Precautions	• No lifting of heavy objects (> 10 lbs)
Intervention *Continue with Phase II-III interventions	*Range of motion/mobility* • PROM: Full • AROM: Supine forward elevation with elastic resistance to 90 deg, scaption and shoulder flexion to 90 degrees elevation *Strengthening* • Periscapular: Push-up plus on knees, prone shoulder extension Is*, resistance band forward punch, forward punch, tripod o *to neutral; avoid shoulder extension • Elbow (12 weeks): Biceps curl, resistance band bicep curls

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PHASE IV: TRANSITIONAL POST-OP
(WEEKS 9-12 AFTER SURGERY) CONTINUED

Intervention *Continue with Phase II-III interventions	*Motor control* • Ball stabilization on wall *Stretching* • Hands behind head, IR behind back with towel, triceps and lats, doorway series
Criteria to Progress	• Full pain-free shoulder PROM and AROM • Minimal to no substitution patterns with shoulder AROM • Performs all exercises demonstrating symmetric scapular mechanics • Pain < 2/10

PHASE V: LATE POST-OP
(WEEKS 13-16 AFTER SURGERY)

Rehabilitation Goals	• Maintain pain-free shoulder ROM • Enhance functional use of upper extremity
Intervention *Continue with Phase II-IV interventions	*Strengthening* • Rotator cuff: External rotation at 90 degrees, internal rotation at 90 degrees, resistance band standing external rotation at 90 degrees, resistance band standing internal rotation at 90 degrees • Periscapular: T and Y, "T" exercise, push-up plus knees extended, pointer, wall push up, "W" exercise, resistance band Ws, dynamic hug, resistance band dynamic hug *Motor Control* • PNF – D1 diagonal lifts, PNF – D2 diagonal lifts, field goals , resistance band PNF pattern, PNF – D1 diagonal lifts w/ resistance, diagonal-up, diagonal-down, wall slides w/ resistance band
Criteria to Progress	• Clearance from MD and ALL milestone criteria below have been met • Full pain-free shoulder PROM and AROM • ER/IR strength minimum 85% of the uninvolved arm • ER/IR ratio 60% or higher • Negative impingement and instability signs • Performs all exercises demonstrating symmetric scapular mechanics • QuickDASH • PENN

PHASE VI: EARLY RETURN-TO-SPORT
(MONTHS 4-6 AFTER SURGERY)

Rehabilitation Goals	• Maintain pain-free ROM • Continue strengthening and motor control exercises • Enhance functional use of upper extremity • Gradual return to strenuous work/sport activity
Intervention *Continue with Phase II-V interventions	*Strengthening* • See specific return-to-sport/throwing program (coordinate with physician)
Criteria to Progress	• Last stage-no additional criteria
Return-to-Sport	• For the recreational or competitive athlete, return-to-sport decision making should be individualized and based upon factors including level of demand on the upper extremity, contact vs non-contact sport, frequency of participation, etc. We encourage close discussion with the referring surgeon prior to advancing to a return-to-sport rehabilitation program.

For further assistance or to schedule an appointment, please contact **iOrtho - The Orthopedic Institute** at **833-464-6784** or visit our website at **iorthomd.com** to text/email us. Our team is dedicated to providing personalized care and guidance throughout your rehabilitation journey.