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# REHABILITATION GUIDELINES FOR SLAP REPAIR II-IV

PHASE I (0-2 WEEKS)	DATES:
Appointments	Physical therapy 2 x per week
Rehabilitation Goals	<ul> <li>Protect repair</li> <li>Decrease pain and inflammation</li> <li>Promote early stability</li> <li>Prevent effects of immobilization</li> </ul>
Precautions	<ul> <li>No active biceps contraction</li> <li>No active ER, extension, flexion or abduction</li> <li>PROM and AAROM:         <ul> <li>Week 1: flexion to 60 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees</li> <li>Week 2: flexion to 75 degrees, ER in scapular plane to 15 degrees, IR to 45 degrees</li> <li>Week 3: flexion to 90 degrees, ER in scapular plane to 30 degrees, IR to 45 degrees</li> <li>Use of sling at all time except for PT and HEP until week 4</li> </ul> </li> </ul>
Suggested Therapeutic Exercises	<ul> <li>AAROM and PROM exercise within precautions</li> <li>Gripping exercises, wrist AROM exercises</li> <li>Submaximal rotator cuff isometrics</li> </ul>
Cardiovascular Exercises	Walking and stationary biking
Progression Criteria	<ul> <li>Rehab PROM/ARROM goals met</li> <li>Diminished swelling</li> </ul>
PHASE II (WEEKS 3-4)	DATES:
Appointments	Physical therapy 2 x per week
Rehabilitation Goals	Discontinue sling at Week 4

## **SLAP REPAIR II-IV**

Precautions	<ul> <li>No active ER, extension, flexion or abduction</li> <li>PROM and AAROM: <ul> <li>Flexion to 90 degrees in scapular plane</li> <li>Abduction to 85 degrees</li> <li>ER to 30 degrees in scapular plane</li> <li>IR to 45 degrees progressing to 60 degrees in scapular plane</li> </ul> </li> </ul>
Suggested Therapeutic Exercises	<ul> <li>AAROM and PROM exercises within precautions</li> <li>Gentle submax isometrics</li> <li>Initiate rhythmic stabilization drills</li> <li>May begin ER and IR with bands/tubing 0 degrees abduction</li> </ul>
Cardiovascular Exercises	Walking and stationary cycling
Progression Criteria	PROM goals met, Good tolerance to submax isometrics

### PHASE III (5-6 WEEKS) DATES:

Appointments	Physical therapy 2 x per week
Rehabilitation Goals	Begin AROM in all planes- gravity eliminated → gravity resisted
Precautions	<ul> <li>Flexion to 145 degrees</li> <li>In 45 degrees abduction: ER to 50 degrees, IR to 60 degrees</li> <li>Extension to tolerance</li> <li>No biceps strengthening</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>Continue with tubing/band for ER/IR at 0 degrees</li> <li>Initiate active shoulder abduction and scaption</li> <li>Begin gentle PNF beginning at mid-range progress to full range</li> <li>Initiate prone exercises (rows, horizontal abduction)</li> <li>Begin AROM elbow flexion, supination and extension</li> </ul>
Cardiovascular Exercises	Walking, stationary biking, begin light UBE
Progression Criteria	AROM goals met

## PHASE IV (7-9 WEEKS) DATES:

Appointments	Physical therapy 2 x per week
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## SLAP REPAIR II-IV

Rehabilitation Goals	<ul> <li>Full shoulder flexion and abduction by week 9</li> <li>Maintain integrity of repair</li> <li>Restore muscle strength</li> <li>Improve ER to 90 degrees and IR to 75 degrees</li> </ul>
Precautions	<ul> <li>Submax isometrics of biceps for type II repair</li> <li>No isometrics or isotonic strengthening of biceps if type IV repair</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>Isotonic RC, periscapular and shoulder strengthening</li> <li>PNF work toward full ROM</li> <li>Initiate throwers 10 program</li> </ul>
Cardiovascular Exercises	• UBE
Progression Criteria	ROM goals met

### PHASE IV (WEEKS 10-12)

DATES:

Appointments	Physical therapy 2 x per week
Rehabilitation Goals	Full flexion, abduction ER at 90/90 should be achieved at week 12
Precautions	<ul> <li>If motion is progressing <u>avoid forceful techniques to gain ROM</u></li> <li>Type II repair: begin isotonic biceps strengthening at 12 weeks</li> <li>Type IV: begin gentle submax pain free isometrics</li> </ul>
Suggested Therapeutic Exercises	Progress shoulder, periscapular and shoulder strengthening
Cardiovascular Exercises	• UBE
Progression Criteria	ROM goals met, Muscular strength improving

### PHASE IV (WEEKS 12-20) DATES:

Appointments	Physical therapy 1 x per week, 1 x every 2 weeks
Rehabilitation Goals	<ul> <li>Establish and maintain full ROM</li> <li>Improve strength power and endurance</li> <li>Initiate functional exercises</li> </ul>

#### **SLAP REPAIR II-IV**

Precautions	If ROM is still limited may use more aggressive stretching/mobilization techniques
Suggested Therapeutic Exercises	<ul> <li>Throwers 10, RC, shoulder and periscapular strengthening</li> <li>Type II repair: progress biceps strengthening</li> <li>Type: IV: progress to gentle isotonic strengthening of biceps</li> <li>Progress endurance</li> <li>Initiate light plyometric program (2 arm throws-&gt;singe arm throws</li> <li>Chest pass-&gt;Overhead pass</li> <li>Slow return to sports: light swimming, half golf swings</li> </ul>
Cardiovascular Exercises	Slow return to sports, running, UBE
Progression Criteria	Normal ROM, Normal muscle strength

#### PHASE IV (WEEKS 20+) DATES:

Appointments	Physical therapy 1 visit every 3-4 weeks for HEP progression
Rehabilitation Goals	<ul> <li>Work toward gradual return to activity</li> <li>Return to sport should be by 6-9 months</li> </ul>
Precautions	• NA
Suggested Therapeutic Exercises	<ul> <li>Progress sport activity to unrestricted participation</li> <li>Continue with strengthening and stretching</li> </ul>
Cardiovascular Exercises	Running, return to sports, UBE
Progression Criteria	Full return to activity

References:

PT name and date: Blake Rossi, PT March 2017 MD name and date: Brian Gilmer, MD March 2017

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