



**DR. HENNIGAN**

## **SLAP REPAIR**

Date: 9/2/2020

### **LONG TERM GOALS OF PROCEDURE:**

- Patient to perform overhead and forward-reaching activities as well as reaching behind the back to return to previous level of function.
- Optimize scapulohumeral rhythm, and maximize rotator cuff and scapular stabilizer strength/endurance to allow patient to perform all home and work-related activities without pain or limitation.
- **SLAP repair is most commonly done with conjunction with another procedure, defer to the precautions of the most restrictive procedure.**

### **PHASE I: Protective Phase**

#### **WEEK 0-6 (No formal therapy except for 4 week check-in):**

##### **GOALS:**

- Patient to be compliant with prescribed activity modifications, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Patient to maintain a clean, dry suture line to promote healing and wound closure without infection.

##### **SLING:**

- Shoulder immobilizer worn 6 weeks except for ROM and hygiene

##### **DRESSING**

- Remove post-op dressings (if not already removed) and apply clear film dressing for protection until sutures are removed.
- Check therapy script as some physicians allow showering directly over sutures

##### **Exercises:**

- Elbow, FA, wrist AROM (no resistance to elbow flexion), grip as tolerated
- Short arc pendulums
- Scar mobilization

#### **4 WEEK CHECK-IN VISIT:**

- Patient comes in for 4 week postop therapy visit to screen for shoulder stiffness.
- Visit goals:
  - Reiterate precautions, sling use, and the above HEP.
  - Check supine PROM into flexion and ER
    - If the patient can achieve flexion to 90 degrees and ER to 15, place them on hold for another 2 weeks

- If the patient cannot achieve the above motions due to stiffness and pain, initiate therapy at that time and start PROM.

### **6-8 WEEKS POST OP:**

- Initiate PROM in all planes
- Initiate ER/IR at 90 degrees abduction, do not push end ranges of motion
- Begin scapular stabilization
- Begin biceps isotonic
- Submaximal isometrics into flexion and scaption
- Postural correction, engagement of scapular stabilizers

### **SLING:**

- Start weaning from sling

## **PHASE II:**

### **(8-14 WEEKS POST-OP):**

#### **GOALS:**

- **Patient to demonstrate full PROM by week 10 and full AROM by week 12**
- Patient does not have significant glenohumeral joint capsular restrictions by 10 weeks post-operatively

#### **PRECAUTIONS:**

- No heavy lifting with affected upper extremity

#### **SLING:**

- Discontinue sling

#### **EXERCISE PROGRAM:**

- Initiate AA/AROM in all planes, do not push end ranges of motion especially rotation at 90 degrees abduction
- Address posterior capsule limitations with joint mobilization and stretching.
- Progress scapular stabilization and improve scapulohumeral rhythm
- Begin isotonic strengthening and thrower's 10 as appropriate.

## **PHASE III: (14-20 WEEKS POST-OP):**

#### **EXERCISE PROGRAM:**

- Initiate plyometrics, light return to sport (light swimming, half-golf swings, etc.)
- Initiate interval sports program (i.e. throwing)
- Gradual return to sport at 20 weeks