SLAP Young Patient

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

Weeks 0-2 Post-Op: General Guidelines

Precautions: No external rotation beyond 0°, no isolated biceps activation

Goals: Decrease pain, allow minimal passive motion, protect repair

- Patient should wear immobilizer sling with abduction wedge for first 4-6 weeks, or as directed by physician. Sling can be removed for short periods of time with arm resting on a couch or recliner armrest.
- Starting on the day of surgery, patient will perform the following exercises as instructed by physician: pendulum exercises, scapular retraction, scapular depression, elbow curls without weight, and grip strengthening
- One week after surgery, patient may begin light aerobic exercise (bike, walk) while wearing sling for cardiovascular fitness
- Ice several times/day for pain and inflammation control

Week 2-4: Patient seen 2-3x/week

Goals by Week 4: PROM scaption to 140° supine, ER to 50° supine w/arm at 30° abduction, IR to 75°

Precautions: No ER beyond 50° supine

- Continue use of abduction sling per physician
- Supine PROM for flexion, scaption, ER, and IR to torso
- Supine AAROM cane exercises for scaption, flexion, and ER to 50°
- Lawnmowers, Robbery, and table lift exercises
- Continue elbow curls without weight
- Submaximal (50% effort) isometrics for shoulder musculature in standing or supine
- At Week 2, begin submaximal (50% effort) isometrics for shoulder musculature in standing or supine
- At Week 3, begin pulley exercises for AAROM in planes of flexion and scaption
- Soft tissue mobilization as needed for cervicoscapular muscle tension
- Scapular mobilization and isometrics in sidelying to promote proper scapulohumeral rhythm
- Prone shoulder retraction and extension to neutral
- Core strengthening exercises as indicated to promote proximal stability

Week 5-9: Patient seen 2-3x/week

Goals by Week 9: Full supine PROM in all directions, IR to table in supine

Precautions: No ER beyond 85° in supine with arm abducted to 90°. Do not begin isotonic strengthening exercises until full PROM is achieved.

- Continue above exercises, working toward full ROM of shoulder in all planes, except limit ER to 85° as above. Begin gradually increasing abduction angle with ER PROM around Week 6.
- When full PROM and AAROM is achieved, begin AROM through full ranges of motion in gravity-neutral positions, progressing to anti-gravity.
- At Weight 8 or when full shoulder AROM achieved, add progressive weights for cuff strengthening as tolerated.
- Tubing exercises for shoulder retraction and IR at side
- Scapular setting exercises: closed-chain weight shifting on table, quadruped scapular sets and rhythmic stabilization
- Supine serratus anterior punches
- At Week 6, begin sidelying ER to 30° without weights
- At Week 8, add towel stretch or modified sidelying sleeper stretch for IR ROM
- At Week 8, begin prone middle trap and lower trap strengthening exercises

Week 10-12: Patient seen 1-2x/week

Goals by Week 12: Full AROM with good scapulohumeral rhythm, improved deltoid and rotator cuff strength

- Add resistance to ER – sidelying ER AROM with weight, ER with tubing in standing
- Closed-chain ball circles on wall at shoulder height
- Progressive weights with standing shoulder AROM
- Bodyblade
- PNF D1 and D2 diagonal AROM
- Tubing or pulley resisted flexion, horizontal abduction/adduction, lat pull downs

Week 12-6 Months Post-Op: Patient seen as needed

Goals for Discharge: Full strength of rotator cuff, deltoid, and periscapular muscles

- UE plyometric exercises with balls
- Pushups – begin on wall, then table, then floor (on knees)
- Facilitate return to weightlifting equipment for bilateral upper extremities with progressive weights
- 5 months post-op: For racquet sports, initiate functional pattern exercises with tubing, pulley, free weights, etc.
- 5 months post-op: For throwing sports, initiate throwing program as deemed appropriate by therapist and physician

Guidelines for Return to ADL's

Patient may return to work activities involving lifting around five months post-op, depending on the patient's specific task requirements. Patient must achieve full rotator cuff, deltoid, and parascapular strength, and must demonstrate ability to perform work duties or sport activities without pain and with proper form.

Long-Term Contraindications

- Passive ER should never be performed past 90° by the therapist
- No incline or flat bench press past neutral
- No shoulder dips
- No behind-the-head military press or lat pull down behind head

Revised 12.21.15 TJB