



ARTHROSCOPIC SLAP LESION REPAIR

I. Phase I - Immediate Post-Surgical Phase

Goals: Maintain Integrity of the Repair

Gradually Increase Passive Range of Motion

Diminish Pain and Inflammation

Prevent Muscular Inhibition

Week 0-2:

- Sling
- Pendulum Exercises 4-8x daily (flexion, circles)
- Scapular retraction (No resistance)
- Active Assistive (AAROM)/Passive ROM
- Flexion to 120 degrees
- Abduction to 90
- ER/IR in Scapular Plane
- ER to 30 degrees
- IR to 30 degrees
- Elbow/Hand Gripping & ROM Exercises
- Submaximal & Pain free Isometrics
- Flexion
- Abduction
- External Rotation
- Internal Rotation
- Elbow Flexors
- Cryotherapy for Pain and Inflammation
- Ice 15-20 minutes every hour
- Sleeping
- Sleep in Sling
- NO ACTIVE ER OR ABDUCTION
- NO ISOLATED BICEP CONTRACTION

Week 3-4

- Discontinue Sling at Day 14 (sleep with sling till 4 weeks)
- UBE at Low resistance
- Continue with scapular retraction exercise (tubing)
- Bicep curls (No resistance)
- Glenohumeral Joint mobilization Grade I/II for Pain
- Continue Pendulum Exercises
- Progress Passive ROM to Tolerance
- Flexion to 180 degrees
- Abduction to 180 degrees
- ER at 90 degrees abduction: 0 to 90 degrees
- IR at 90 degrees abduction: 0 to 70 degrees
- Active Assisted ROM Exercises (T-bar)
- ER/IR in Scapular Plane
- Flexion to Tolerance*
- Continue Elbow/Hand ROM & Gripping Exercises
- Initiate Active Exercise Prone Rowing & Elbow Flexion
- Continue Isometrics (Home Exercise Program)
- Flexion with Bent Elbow

- Extension with Bent Elbow
- Abduction with Bent Elbow
- ER/IR with Arm in Scapular Plane
- Elbow Flexion
- May initiate ER/IR tubing at 0 degrees Abduction, if patient exhibits necessary AROM
- Patient should exhibit full passive range of motion, nearing full active range of motion
- Continue Use of Ice for Pain Control
- Continue Sleeping in Sling (0-4weeks)

Precautions:

1. No Lifting of Objects
2. No Excessive Shoulder Motion Behind Back
3. No Excessive Stretching or Sudden Movements
4. No Supporting of Body Weight by Hands

II. Phase II

Goals: Allow Healing of Soft Tissue

Do Not Overstress Healing Tissue

Gradually Restore Full Passive ROM (Week 3-4)

Re-Establish Dynamic Shoulder Stability

Decrease Pain & Inflammation

Full PROM by 6 weeks

Week 5-8:

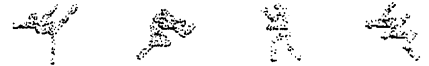
- Patient should exhibit full passive range of motion
- Continue all exercises listed above
- Initiate Scapular Muscular Strengthening Program
 - Prone Thumbs up and down
 - Lower Traps
- Initiate Sidelying ER Strengthening (Light Dumbbell)
- Continue use of ice as needed
- May use pool for light ROM exercises
- Patient should exhibit full active range of motion
- Continue AAROM and Stretching exercises
- Progress Isotonic Strengthening Exercise Program (**light Weights**)
 - ER Tubing
 - Sidelying ER
 - Prone Rowing
 - Prone Horizontal Abduction
 - Shoulder Flexion (Scapular Plane)
 - Shoulder Abduction

At week 6-8: If patient continues to have difficulties with full AROM.

- ☉ May initiated: Prone shoulder flexion stretch 10 minutes.

Precautions:

1. No Heavy Lifting of Objects
2. No Supporting of Body Weight by Hands & Arms
3. No Sudden Jerking Motions



III. Phase III – (Week 9-16)

- Progress with above exercises as tolerate

Begin bicep Curls with weights

- Progress Shoulder Strengthening Exercises
- Start easy throwing program at week 12
- Theraband PRE's
 - Progress to heavier resistance
 - Pulling apart
 - Front
 - At shoulder level
 - Overhead
 - Behind
 - Shrugs
 - IR/ER
 - Middle and lower traps

IV. Week 17-24

- Continue to progress with weights
- Continue to maintain strength
- Progress to interval sports program

V. Phase IV – Return to Activity (6 to 9 month)

Goals: Gradual Return to Strenuous Work Activities

Gradual Return to Recreational Sport Activities

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching, if motion is tight
- Continue Progression to Sport Participation