

ARTHROSCOPIC POSTERIOR SLAP REPAIR

JOSEPH R. MISSON, MD

PATIENT: _____

DATE OF SURGERY: _____

This protocol can be done primarily on a home program basis with follow-up visits as needed to progress and monitor the patient. Rate of progression based on evaluation of patient.

PHASE I: IMMEDIATE POSTOPERATIVE PHASE "RESTRICTIVE MOTION" DAY 1 - WEEK 6

GOALS:

- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

DAY 1 - WEEK 2:

- External Rotation Sling for 3-4 weeks unless specified otherwise by surgeon
- Sleep in sling or immobilizer for 4 weeks, per surgeon orders
- HEP (no AROM for ER, abduction, or extension)
 - Elbow/hand ROM - assisted elbow flexion and no isolated bicep contraction
 - Hand gripping exercises
 - Gentle shoulder shrugs/rolls/ scapular retractions
 - Gentle PROM and AAROM exercises with elbow bent
 - Flexion to 60 degrees (to 75 degrees at week 2)
 - Scaption to 60 degrees
 - ER to 45-60 degrees in slight scaption
 - Minimal IR slight scaption (to protect posterior repair)
 - Submaximal isometrics for shoulder musculature
- NO ISOLATED BICEP CONTRACTIONS
- Cryotherapy as needed

WEEK 3 - 4:

- Discontinue use of sling/immobilizer at 3-4 weeks per surgeons orders
- HEP (NO AROM for extension or abduction)
 - Continue gentle ROM exercises
 - Flexion to 90 degrees
 - Abduction to 75 - 85 degrees
 - ER as tolerated in slight scaption
 - Begin progressive IR to 25-30 degrees in slight scaption
 - Initiate rhythmic stabilization drills
 - Initiate ER/IR theraband at 0 degrees abduction
 - Continue isometrics
- NO ISOLATED BICEP CONTRACTION
- Cryotherapy as needed

WEEK 5 - 6:

- Gradually improve ROM
 - Flexion to 145
 - ER as tolerated at 45 degrees abduction
 - IR to 55 - 60 degrees at 45 degrees abduction
- May initiate gentle stretching exercises, especially "Sleeper Stretches" for IR
- Continue tubing ER/IR at 0 degrees abduction
- Initiate AROM shoulder abduction (no resistance)
- Initiate "full can" AROM (no resistance)
- Initiate bent over rowing, and horizontal abduction
 - Start without weight and progress to light resistance
- NO BICEP STRENGTHENING

PHASE II: INTERMEDIATE PHASE-MODERATE PROTECTION PHASE WEEK 7 - 14**GOALS:**

- Gradually restore full ROM
- Preserve integrity of the surgical repair
- Restore muscular strength and balance of scapula and rotator cuff

WEEK 7 - 9

- Gradually progress ROM as indicated
 - Flexion to 180 degrees
 - ER to 90 degrees
 - IR to 70 - 75 degrees at 90 degrees abduction
- Continue to progress isotonic strengthening program
- PNF strengthening can be included
- Initiate "Throwers Ten Program" if indicated
- Scapular strengthening, RC strengthening, deltoid strengthening
- OK to initiate bicep strengthening unless type 4

WEEK 10 - 14

- May initiate slightly more aggressive
- Progress thrower's ER and IR motion
- Continue stretching exercises

TYPE 4

No bicep until 12 weeks post-op and start light. No stress biceps for 4 months. Full active at 5 -6 months

PHASE III: MINIMAL PROTECTION PHASE WEEK 14 - 24**GOALS:**

- Establish and maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional strength
- Stress maintenance of IR to overhead athletes for life

CRITERIA TO ENTER PHASE III:

- Full, nonpainful ROM
- Satisfactory stability
- Muscle strength 4/5 or better
- No pain or tenderness

WEEK 14 - 16

- Continue all stretching exercises
- Continue all strengthening exercises
- Initiate light plyometric program
- Restricted sports activity (light swimming, half golf swings)

Weeks 16-24

Increase golf swings and allow ground strokes with increasing intensity (Tennis)
May initiate gradual throwing program/overhead activity on level surface

PHASE IV: RETURN TO SPORTS

Weeks :24-28

Begin full Speed Pitching / Overhead activity and progress to return to sport
"Sleeper Stretches" for Life to maintain IR / Prevent GHIRD (Glenohumeral IR Deficit)

Physician Signature: _____