



**Advanced
Orthopaedic
Centers**

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Arthroscopic SLAP Lesion Repair Protocol

• Recommendations

- Wear sling for 4 weeks
- No driving until 4 weeks post-op.
- Ice 3-4 times daily
- May bathe on post-op day #4, place band-aids over portals.
- No shoulder extension and no active or resistive elbow flexion or shoulder forward elevation for 6 weeks to protect repair.
- May use hand in sling immediately for computer work, writing, etc.
- Return to work and sport to be determined on an individual basis by the physician

Post-Op Protocol

Phase I

- 0-4 Weeks**
1. Patient will be in sling at all times, day and night. Should only remove sling for dressing and grooming purposes.
 2. Patient can perform active ROM exercises for the wrist and Elbow, with the exception of wrist flexion.

Phase II

- 4-6 Weeks**
- *Instruct family member in proper PROM techniques and ROM limitations: Flexion-130 dgs.; IR- L1; ER- 45dgs.
 - *Emphasize proper posture when sitting and standing
 - *Wean from sling (daytime) after 4 weeks, nighttime after 4 weeks and discontinue completely by 6 weeks. **NO** active arm swinging until after 4 weeks.
1. PROM (see limits above) avoiding extension and end-ranges of internal and external rotation.
 2. Isometrics immediately (avoid elbow flexion and shoulder flexion isometrics).
 3. Gentle active external rotation in side lying.
 4. Supine passive external rotation with wand, elbow supported and flexed to 90 degs.
 5. Soft tissue massage once portals heal.
 6. AROM of wrist and hand with arm supported.
 7. Begin gentle manual resistance for scapular protraction/retraction and elevation /depression.

8. Initiate general cardiovascular training (as appropriate) including walking (no shoulder extension), stationary cycling, etc.

Phase III
6-8 Weeks

*Aggressive PROM/Stretching.

*Begin AA/AROM within pain-free range.

1. Self-assist forward elevation with wand with slow progression from supine to standing position.
2. Begin pulleys, UBE, etc.
3. Initiate active elbow flexion and resistive elbow extension.
4. Add light resistance to side lying external rotation.
5. Gentle open kinetic chain rhythmic stabilization progression
In supine.
6. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation (<90degs.).
progress to prone horizontal abduction at 100 degs. And 90 degs.
of abduction, prone ER in 90/90 position, and prone extension,
all within pain-free ROM.
7. Begin scapulothoracic strengthening exercises including supine
ceiling punches and seated rows. Progress to prone horizontal
abduction at 150 degs and 90 degs. of abduction.
8. Begin gentle closed kinetic chain balance and stabilization
progression including hip-trunk extension/rotation patterns.

Phase IV
8-12 Weeks

***Full Passive ROM by 12 weeks**

1. Initiate PRE's with hand weights, theraband, etc. as tolerated,
focusing on rotator cuff, scapulothoracic and biceps strengthening
within pain-free ROM. After 10 weeks, progress PRE's as
tolerated.
2. Begin upper extremity endurance training on UBE as appropriate.
3. Initiate manual resistive exercises including PNF techniques.
4. Progress CKC exercises including seated push-ups, step-ups
push-ups (wall to floor progression).
5. Begin low-level plyometric progression.
6. Initiate work-specific activities as appropriate.

Phase V.

12-14 Weeks

***Equal strength, bilaterally, by 14 weeks**

1. Emphasize concepts of frequency, duration and intensity of
training.
2. Begin sport-specific activities.

