Arthroscopic SLAP Repair
Dr Barton Branam

Pre-operative Rehabilitation

GOAL: Optimize medical and physical conditions to maximize likelihood of achieving operative goals. Review post-operative protocol/restrictions and address any concerns about living environment/ADL's, i.e. dressing and bathing without stressing surgical repair. The patient and surgeon should have similar goals and expectations relative to the surgery and the expected outcomes. Focus rehab to restore full ROM to avoid post-operative stiffness.

Postoperative rehabilitation

GOAL: Restore range of motion and strength, such that function is optimized to achieve surgeon and patient goals. Range of motion and strength often dictate functional outcome. Eliminate (or minimize) pain depending on clinical situation. The ranges below are indicative of differences in recovery times as determined by factors such as age, activity level, medical conditions, conditioning and tissue quality. The intent is to rehab as aggressively as possible while allowing for proper healing of the surgically treated tissue. The patient will follow up post-operatively with Dr Branam's office at 3-5 days, 4 weeks, 2 months, 3.5-4 months. Return to sport or work will be discussed at the last visit. Outside of the regularly scheduled follow up appointments with Dr. Branam, he needs to know about outlier patients i.e. those that are well ahead or behind schedule.

**If the patient is rehabbing out of town, the Athletic Trainer and/or Physical Therapist need to touch base with someone from Dr Branam's team at regular intervals. Communication is key to a successful outcome.

General Guidelines

1) Wear your sling as directed for 4-6 wks following surgery
2) No pushing or pulling with involved arm
3) No lifting or carrying with involved arm more than a coffee cup
4) Sleep in sling 4 wks, no sleeping on the involved side, use pillows for comfort
5) No leaning on elbows

PHASE I: Weeks 1-4

**Physical therapy may be delayed until wk 4 for patients with multiple dislocations or multidirectional instability as well as in the youngest patients

1) Immediate post-operative PT visit: educate patients on precautions, review swelling and pain management, check wound
    a. No leaning, pushing, pulling or sleeping on surgical side
    b. Allow for healing of capsuloligamentous-labral healing
2) May take down dressing and shower post-op day 3 (no soaking or submerging wound)
3) Sling: at all times for at least 4 wks (maybe 6 depending on repair – this will be directed by Dr Branam)
4) ROM: passive flex and scaption to 90deg, ER at neutral to 30deg and IR to 60deg
    a. ROM restrictions will depend on the size and location of repair → avoid overstressing repaired structures

5) Exercises/therapy activities
    a. Pendulums
    b. Elbow ROM, gripping
    c. Pulleys (flexion and scapular plane) to 90deg
    d. Scapular clocks, retraction
    e. Cervical Flexibility
    f. Manual PROM
    g. Shoulder isometrics (no active biceps)

PHASE II: Weeks 4-8

1) No ROM restriction → GOAL is full ROM by wk 8
    a. Pulleys, Tbar, wall walks
2) Re-establish arthrokinematics of the glenohumeral and scapulothoracic joints
3) Start gentle active ROM with good scapulohumeral rhythm
    a. Flexion, scaption, SL ER and abduction
4) Progress to gentle resistance exercises
    a. Upper extremity ergometer
    b. Prone scapular retraction, row, extension, horizontal abduction
    c. Neuromuscular control
    d. Gentle loading of biceps at wk 6
2. Stretches for IR and cross body adduction
5) GOALS: full ROM, normal scapulohumeral rhythm

PHASE III: Weeks 8-12

1) Criteria for advancement: FULL ROM
2) Can initiate lower extremity cardio at 8 wks post-op in a controlled environment
    a. Bike, elliptical, treadmill walking
    b. This may depend on the size of the tear – caution/consideration to avoid falls
3) Continue to normalize scapulohumeral rhythm, neuromuscular control and strength
    a. CKC with gradually increasing weight through the involved arm
    b. Progressive resistance TheraBand or free weights → advance to 90deg as appropriate

PHASE IV: Weeks 12 to 4+ months

1) GOAL: progressive, consist strengthening with good mechanics
2) Initiated sport specific activities at the mid/end of the phase. GOAL: working with physical therapist and athletic training to progressively load tissue to build strengthen/endurance without overloading the surgical repair
    a. Golf: start practicing around the green, working way thru bag with progressively longer clubs
    b. Overhead activities (volleyball, tennis): start without impact and progressively load to tolerance
    c. Baseball/Softball:
        i. Batting from tee → soft toss → live pitching
        ii. Initiated slow, progressive interval throwing program at 3.5-4 months

d. Contact/Collision sports: 4-6 months
e. GOAL: work mechanics/technique in a controlled setting first then progressively load

Return to functional goals: i.e. sport/work: Upon completion of proper rehab you'll be cleared to return to sport. This may require a functional evaluation by the therapist which will aid the surgeon in determining the appropriate timing. This should be consistent with the preoperative discussions, but are often variable. Please make sure you understand the process for return to sport which will almost always involve a gradual progression.