

SLAP Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
 - Surgical site evaluation (see below for instructions)
 - Brace/sling education and adjustment as needed
 - Review of therapy protocol, expectations, and plan
 - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
 - Incisions are closed with one or combination of below methods
 - Staples
 - Nylon sutures (black sutures)
 - Monocryl sutures covered with steristrips or glue
 - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
 - Wash hands with antibacterial soap before changing or examining the dressing.
 - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
 - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
 - The therapist should **change the surgical dressing using sterile technique**, which includes:
 - Sterile field
 - Sterile gloves
 - Betadine or chlorhexidine skin cleanser
 - Sterile supplies
 - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
 - The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
 - Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- **Post-Op Incision Care**
 - **Unless otherwise instructed, incisions must remain dry for seven days.**
 - **Showering:**
 - The incisions must be **sealed off in the shower** until cleared by the physician.
 - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
 - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
 - Pat dry with a clean towel and **avoid lotions or creams.**
 - **Do NOT soak in a pool, bath, or hot tub** until cleared by the surgeon.
 - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
 - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.*****

Weeks 0-1:

- Patient to do home exercises given to the post-op (posturing, pendulums, grip strengthening)
- Sling x 4 weeks

Weeks 1-4:

- No IR up the back; No ER behind the head
- ROM goals: passive 90° FF/20° ER at side
- Limit abduction (ABD) to 45°-60° max in the first 4 weeks to avoid excessive biceps tension.
- Scapular mobility exercises should be encouraged earlier (week 2-4) to prevent stiffness and postural compensations.
- No resisted FF or biceps until 6 weeks post-op as to not stress the biceps root
- At 2 weeks begin gentle passive flex/ext of elbow (Patient must use contralateral hand to move elbow passively)
- Heat before/ice after PT sessions

Weeks 4-8:

- DC sling at week 4
- Increase AAROM → AROM 140° FF/ 40° ER at side/ 60° ABD/ IR behind back to waist
- Gradually increase ER to full with arm next to body
- Strengthening (isometrics/light bands) within AROM limitations
- Also start strengthening scapular stabilizers (traps/rhomboids/levator scapula/etc)
- PRECAUTION: avoid impingement position

- Avoid isolated biceps curls until 12 weeks to protect the repair site.
- Physical modalities per PT discretion

Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

Months 3-12:

- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 wks
- Begin 90/90 ER exercises at 12 weeks
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months with MD approval
- MMI is usually at 12 months

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____