# Postoperative Rehabilitation Protocol for Anterior Labral Repair/ SLAP Repair

Patient will wear an abduction pillow sling for 6 weeks postoperatively.

Unless otherwise specified, do not begin physical therapy until patient has been seen for 2-week postoperative visit.

### Phase 1: Maximal protection phase (0-4 weeks)

#### PRECUATIONS/RESTRICTIONS

- Sling worn for 6 weeks (except during physical therapy / hygiene)
- Protect anterior/posterior capsule from stretch.

#### RANGE OF MOTION

- Begin passive ROM only at 2 weeks
- Supine forward elevation in scapular plane to 900; External rotation with arm at side to 30°; Internal rotation to 45°
- Hand gripping exercises, Elbow/Wrist/Hand ROM

#### STRENGTHENING

- Begin deltoid/cuff isometrics
- Codmans exercises

#### MODTALITIES PRN

## Phase 2: Moderate protection phase (4-8 weeks)

#### RANGE OF MOTION

- Continue shoulder, elbow, and hand ROM
- Progress PROM
  - Advance IR to 60°
  - $\circ$  ER to 50°

- $\circ~$  Flexion & scaption to 145° (can progress further if tolerated)
- Full ROM should be achieved at 8-10 weeks
- Hand gripping exercises, Elbow/Wrist/Hand ROM

#### STRENGTHENING

- Initiate scapulothoracic isometrics and proprioceptive training (rhythmic stabilization drills)
- Gentle submaximal shoulder isometrics
- Initiate limited AROM/AAROM of shoulder to 90° flexion or abduction
- Can begin active supination (no resistance / elbow flexed)
- No biceps loaded until week 10

#### MODTALITIES PRN

### Phase 3: Continued protection phase (8-12 weeks)

#### RANGE OF MOTION

- Continue to progress AROM/PROM (Full by week 10)
- Flexion and scaption to 180°
- ER at 90° abduction to 90°
- IR at 9° abduction to 70°
- Initiate ER in 45° abduction at 10-12 weeks

#### STRENGTHENING

- Full AROM in all directions below horizontal with light resistance
- Progress to deltoid/cuff isotonics and may begin more aggressive exercises for rotator cuff and scapulothoracic musculature
- All strengthening must be below the horizontal

If you have any problems or questions, please call your doctor's office (8am-5pm). Answering service for after hours. 667 KINGSBOROUGH SQU, STE 300 CHESAPEAKE, VA 23320 P 757.422.8476 | F 757.425.8476 ORTHOVIRGINIA.COM • NO biceps loading until week 10

### Phase 4: Minimal protection/strengthening phase (12-20 weeks)

#### GOALS

- Full non painful AROM/PROM
- Restoration of muscle strength, power and endurance
- No pain or tenderness
- Gradual initiation of functional activities

#### EXERCISES

- Continue isotonic progressive resistive exercises and manually resisted exercises
- Progress ER motion to 90/90 position
- Begin submaximal exercises above 90° of elevation

- Isotonic elbow flexion and forearm supination
- · Can increase intensity and decrease reps
- Initiate light plyometric activities (2-handed progression to single-handed) and gradually progress
- Aggressive scapular stabilization and eccentric strengthening program
- Restore scapulohumeral rhythm
- No overhead sports until week 20

### Phase 5: Return to sport phase (20+ weeks)

- Progress functional activities
- Begin interval sports programs
- May begin throwing from mound weeks 24-28



Stronger starts here. 667 KINGSBOROUGH SQ, STE 300 CHESAPEAKE, VA 23320 P 757.422.8476 | F 757.425.8476 ORTHOVIRGINIA.COM