



Central Indiana Orthopedics

INVESTED IN KEEPING YOU ACTIVE

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SLAP REPAIR REHABILITATION PROTOCOL

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a superior labral repair (SLAP repair). It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.



Phase 1 (0-4 Weeks) Passive ROM Phase

Goals

Control Pain and Swelling
Protect Healing Tissue
Begin to Restore Range of Motion

Precautions

Do not actively reach arm behind back.
Do not actively reach overhead.
Do not actively reach arm behind your head.
Do not lift anything with your arm.

Recommended Exercises

See passive ROM limitations in chart on page 8

Pendulums
Standing Scapular Mobility (no resistance)
Supine or Standing Passive External Rotation
Supine, Seated or Standing Passive Shoulder Flexion (elevation)
Passive Internal Rotation
Sub-maximal Isometric Shoulder Internal and External Rotation
Ball Squeeze

Guidelines

Perform these exercises 3-5 times a day. Do 1-2 sets of 10-20 repetitions of each exercise.

Phase 2 (4-8 Weeks) Active ROM Phase

Goals

Continued protection of healing tissue
Continue to improve ROM
Initiate gentle peri-scapular and rotator cuff strengthening
Begin using your arm for daily activities in front of body only



Precautions

Discontinue use of sling if you have not already

Be careful with raising your arm, especially overhead, away from your body and behind you

Continue to avoid lifting or carrying anything heavy

Recommended Exercises

ROM

Continue passive ROM with physical therapist

See passive ROM limitations in chart on page 8

Pendulums

Supine stick flexion and table slides

Supine or Standing Passive External Rotation

Internal Rotation

Strengthening (Resistance Band or Body Weight Against Gravity)

Row

Prone Extension

Prone Horizontal Abduction

Standing/Prone Scaption

Internal Rotation (Neutral) *work from full IR to neutral*

External Rotation (Neutral) *work from full IR to neutral*

Dynamic Strengthening with Physical Therapist

Gentle proprioceptive drills

Rhythmic stabilization with therapist

Guidelines

Perform all ROM and Strengthening exercises once a day. Do 2-3 sets of 15-20 repetitions.

Phase 3 (8-12 Weeks) Strengthening Phase

Goals

Continue to acquire normal ROM (both passive and active)

Progress strengthening of rotator cuff and shoulder blade muscle groups

Begin to use arm for daily activities in all planes

Precautions

No lifting away from your body or overhead greater than 1 or 2 pounds

Caution with repetitive use of arm especially overhead

Stop activity if it causes pain in shoulder

Recommended Exercises

Range of Motion

Continue passive ROM with physical therapist as needed gradually progress to full ROM

Continue ROM exercises from phase 2 until ROM is normalized

Gentle progression of abduction angle with external rotation stretch



Gentle supine or standing cross body stretch

Gentle sidelying internal rotation stretch ("sleeper") *caution to not cause impingement*

Strengthening (Resistance Band or Dumbbell)

Row

Prone Extension

Prone Horizontal Abduction

Standing Scaption with progression to Prone

Internal Rotation

External Rotation

Dynamic Strengthening

Manual Resistance Rythmic Stabilization

Proprioceptive Drills (90° of Elevation or Below)

Guidelines

Perform ROM and stretching exercises once a day until normal ROM is achieved. Do 2 sets of 15-20 Reps. Once normal ROM is achieved continue exercises to maintain ROM 3-5 times a week.

Perform strengthening exercises 3-5 times a week. Do 2-3 sets of 15-20 Reps. Strict attention must be paid to scapula-humeral rhythm with completion of all strengthening exercises.

Phase 4 (12-16 Weeks) Sport Specific Phase

Goals

Progress to normal ROM and strength

Continue to encourage progressive use of arm for functional daily activity

Precautions

Encourage return to full use of arm for daily activities

Pay particular attention to scapula-humeral rhythm especially with abduction and overhead activity

Still restricted from return to sports

Recommended Exercises

ROM and Stretching

Continue ROM and stretching exercises from phase 2-3

Strengthening

Continue strengthening exercises from phase 3

May begin supervised weight training pending surgeons clearance

Dynamic Strengthening

Progress manual resistance patterns

Progress proprioceptive drills to include rhythmic stabilization

Push up progression



Guidelines

Perform ROM and stretching program 1-3 times a week to maintain normal ROM. Do 1-2 sets of 15-20 Reps. Perform ROM and stretching more frequently in any planes of motion that are still deficient
Perform strengthening 3 times a week. Do 2-3 sets of 15-20 Reps.

Phase 5 (16-24 Weeks) Return to Activity Phase

Goals

Maintain adequate ROM and strength
Continue progressive dynamic strengthening
Begin return to sport progressions pending surgeon's clearance

Precautions

Gradual return to sport pending surgeon's clearance
Work with surgeon or Physical Therapist to develop specific return to sport progression

Recommended Exercises

ROM and Stretching

Continue ROM and stretching exercises in any planes of motion that are deficient
Continue cross body stretch and sidelying internal rotation stretch following workouts

Strengthening

Continue strengthening exercises from phase 4

Dynamic Strengthening

Progress Manual Resistance Patterns
Progress Proprioceptive, Plyometric, Rebounder Drills to include overhead

Guidelines

Perform 1-2 sets of 15-20 repetitions of ROM and stretching exercises 1-3 times a week in all deficient planes of motion. Perform 1 set of 15-20 repetitions of ROM and stretching exercises after all return to sport activities.

Perform 2-3 sets of 15-20 repetitions of all strengthening exercises 2-3 times a week. Perform dynamic strengthening program 1-2 times a week while undergoing return to sport progression.



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Time	Focus	Range of Motion	Recommended Exercises	Precautions
Phase 1 0-4 Weeks	*Passive ROM *Tissue Healing	*Flexion as Tolerated *0-2 Weeks ER to 15° IR to 45° in Scapular Plane *2-4 Weeks ER to 30° IR to 60° in Scapular Plane, Abduction to 80°	Passive Pendulums Scapular Retraction Shoulder Shrugs Passive External Rotation Passive Flexion Passive Internal Rotation Strengthening Sub-maximal Isometric ER/IR Ball Squeeze	*Sling 0-4 Weeks or per MD Instruction *No ER with Arm in Abduction *No Excessive Shoulder Extension
Phase 2 4-8 Weeks	*Improve ROM with Careful Progression of IR/ER *Slow Transition to Strengthening after MD Follow Up	*Continue Flexion as Tolerated *Beginning at 4 Weeks ER to 50° IR to 60° (in 45° of Abduction) *Beginning at 6 Weeks Gently Progress to ER at 90° of Abduction	Passive Continue PROM Exercises Gentle Passive ER at 90° Abd Starting at 6 Weeks Active Assisted Supine/Standing Flexion, Horizontal Adduction, Hand Behind Head ER, Sidelying IR Strengthening T-Band IR/ER (in 0° Abd) *Work from full IR to 0° ER Active Motion Against Gravity Sidelying ER Standing Scaption Prone Row Prone Extension Prone Horizontal Abduction Prone Scaption	*No Resisted Activity/Lifting *Avoid Repetitive Motion Overhead and in Coronal Plane *Must have good Scapular Control with Active ROM and Strengthening *Be Cautious with Progression of ER ROM
Phase 3 8-12 Weeks	*Progressive Strengthening *Continued Attention to ROM if Still Deficient *Establish Proper Scapulo-humeral Rythm	*Gradually Progress to Full Passive ROM	Passive Continue as Needed Active Assisted/Active/Stretch Continue Phase 2 Exercises Wall Slide Sidelying IR ("Sleeper") Hands Behind Head ER Supine/Standing Cross Body Strengthening (Dumbbell/T-band) Row Prone Extension Prone Horizontal Abduction Standing/Prone Scaption Internal Rotation External Rotation "W" (Row/ER) Bicep Curl Dynamic Progressions Rhythmic Stabilization Proprioceptive Drills	*No Heavy or Repetitive Overhead Lifting/Reaching *Limited Return to Gym Lifting Late in Phase 3 per MD Discretion *Dynamic Progressions if Pain Free/Full ROM with all ROM and Strengthening Exercises



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<p>Phase 4 12-16 Weeks</p>	<p>*Progress strengthening *Regain use of arm for all daily activities.</p>	<p>*Maintain Full Passive/Active ROM</p>	<p><u>Active Assisted/Active/Stretch</u> Continue Phase 3 As Needed</p> <p><u>Strengthening</u> Continue T-band and Dumbbell Progressions from Phase 3 Progress to Diagonal Patterns IR/ER at 90° Abd May Begin Limited Weight Training</p> <p><u>Dynamic Progressions</u> Pushup Progression Continue Proprioceptive Drills Plyometrics/Rebounder Progress to Overhead Rhythmic Stabilization Manual Resistance Patterns</p>	<p>*Still Avoid Return to Sports and Physical Activity *Progress Gym Lifting per MD Discretion *Avoid Activities that Cause Shoulder Pain</p>
<p>Phase 5 16-24 Weeks</p>	<p>*Prepare for Return to Sport and Physical Activity</p>	<p>*Continue Stretching Program</p>	<p><u>Active Assisted/Active/Stretch</u> Continue Phase 3 As Needed</p> <p><u>Strengthening</u> Continue T-band and Dumbbell Progressions from Phase 4 May Carefully Progress Weight Training</p> <p><u>Dynamic Progressions</u> Continue Pushup Progression Continue Proprioceptive Drills Progress to Overhead with Plyometrics/Rebounder Manual Resistance Patterns</p>	<p>*Begin Progressive Return to Sports and Physical Activity Program After MD Evaluation *Careful Progression of Weight Training</p>