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Rehabilitation Guideline for SLAP Repair

Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.
- Do not take baths or soak the incision until 2 weeks after surgery.

Pain and Swelling

- Ice your shoulder as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- You need to leave your arm in the sling to hold the bottom of the steering wheel, and should not actively raise your arm until cleared by physical therapy. Most people begin driving around 2 weeks after surgery but use your judgment as to whether you feel ready to drive.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (1-2 weeks post op)

Date: _____

<p>Appointments</p>	<ul style="list-style-type: none"> ● Appointment with office 2 weeks post op ● Appointment with physical therapy 3-5 days post op ● Return to school to see athletic trainer 3-5 days post op
<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> ● Promote healing tissue and protect repair ● Prevent adhesions and increase circulation ● Control pain and inflammation ● Gradual increase in Passive ROM ● Initiate muscle contraction ● Compliance with Home Exercise Program
<p>Precautions</p>	<ul style="list-style-type: none"> ● Sling for 3 weeks; okay to remove 2-3x per day for shoulder exercises – Codman's exercises ● Flexion/Elevation: <ul style="list-style-type: none"> ○ Week 1: 0-60 degrees ○ Week 2: 0-75 degrees ● ER: <ul style="list-style-type: none"> ○ Week 1: 0-15 degrees ○ Week 2: 0-20 degrees ● IR: As tolerated
<p>Range of Motion Exercises</p>	<ul style="list-style-type: none"> ● Pendulum exercises ● Rope/Pully (flexion, abduction, and scaption) ● Wand exercises (all planes) ● Posterior capsule stretching ● Manual stretching – joint mobs Grade 1 & 2 ● C-spine AROM
<p>Suggested Therapeutic Exercise</p>	<ul style="list-style-type: none"> ● Initiate scapular stabilization ● Initiate submaximal isometrics - No elbow flexion ● Hand gripping
<p>Cardiovascular exercises</p>	<ul style="list-style-type: none"> ● UBE w/o resistance ● Stationary bike or treadmill (with sling on)
<p>Progression Criteria</p>	<ul style="list-style-type: none"> ● 2+ weeks PO ● Pain free ROM ● ROM in flexion and ER ● Muscle initiation ● Protected healing

Phase II (3-6 weeks after surgery)

Date: _____

<p>Appointments</p>	<ul style="list-style-type: none"> ● Appointment with office 6 weeks post op ● Appointment with physical therapy per PT discretion ● Seeing athletic trainer 5 days per week
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Rehabilitation Goals	<ul style="list-style-type: none"> ● Gradually increase passive ROM ● Progress strengthening and scapular stabilization exercises ● Initiate more functional drill into rehab ● Control pain and inflammation
Precautions	<ul style="list-style-type: none"> ● Flexion/Elevation <ul style="list-style-type: none"> ○ Week 3: 0-90 degrees ○ Week 6: 0-145 degrees ● ER <ul style="list-style-type: none"> ○ Week 3: 0-30 degrees ○ Week 6: 0-50 degrees ● IR full ROM by week 6 ● Passive ROM in scapular plane
Range of motion exercises	<ul style="list-style-type: none"> ● Pendulum exercises ● Posterior capsule stretch ● Rope/Pulley (flexion, abduction, and scaption) ● Wand exercises- all planes within limitations ● Manual stretching – joint mobs Grade 2&3 to reach goals
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Continue isometric activities as in Phase I ● Initiate supine rhythmic stabilization at 90 degrees flexion ● Initiate IR/ER at neutral with tubing ● Initiate forward flexion, scaption, empty can ● Initiate sidelying ER and tricep strengthening ● Push up Progression ● Prone abduction with ER ● Shoulder shrugs with resistance ● Supine punches with resistance ● Shoulder retraction with resistance ● Initiate UBE for endurance ● Prone rows ● Initiate light biceps curls at week 3
Cardiovascular Exercise	<ul style="list-style-type: none"> ● UBE w/o resistance ● Walking, stationary bike without arms ● No treadmill, swimming, or running
Progression Criteria	<ul style="list-style-type: none"> ● 6+ weeks post op ● All rehabilitation goals have been met <ul style="list-style-type: none"> ○ Achieve all ROM goals ○ Initiate muscle strengthening ○ Pain and swelling at a minimum

Phase III (6-12 weeks after surgery)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointment with office at 6 weeks and 12 weeks post op ● Appointments with physical therapy per PT discretion ● Seeing athletic trainer 5x per week
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Rehabilitation Goals	<ul style="list-style-type: none"> ● Restore full active ROM ● Progress strengthening and scapular stabilization/rhythm exercises ● Initiate more functional drill into rehab program ● Minimize pain and swelling ● Enhance neuromuscular control ● Normalize arthrokinematics
Precautions	<ul style="list-style-type: none"> ● Full ROM in all planes ● Continue all ROM exercises from Phase II during 10-12 weeks
Range of motion exercises	<ul style="list-style-type: none"> ● Continue with previous ROM exercises to gain full ROM ● Chicken wing stretch for ER ● Posterior capsule stretching ● Towel stretching ● Rope/Pulley activities ● Wand exercises ● Manual stretching and Grade III-IV mobs ● No IR stretching
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Continue with previous previous exercises increasing intensity, sets, and reps as able ● Continue with DB therex increasing sets, reps, and intensity (up to 7lbs) ● Initiate T-band ER at 90/90 position - slow and fast reps ● Initiate PNF patterns with theraband ● Initiate prone DB therex including scaption at 130 degrees with thumb up, horizontal abduction with thumb up, extension with palm down, ER ● Week 8: Initiate two-handed plyometrics including ball toss - chest press, OH pass, diagonals ● Week 10: Biodex - isokinetics for IR/ER beginning in modified neutral position, progress to 90/90 position in scapular plane
Cardiovascular Exercise	<ul style="list-style-type: none"> ● UBE ● Stationary bike ● Treadmill
Progression Criteria	<ul style="list-style-type: none"> ● 12+ weeks post op ● All rehabilitation goals have been met <ul style="list-style-type: none"> ○ Full ROM ○ Initiating neuromuscular control ○ Correct scapular rhythm ○ No pain in the shoulder when performing exercises ○ Soreness kept to a minimum

Phase IV (12-20 weeks after surgery)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointment with office at 12 weeks, 16 weeks, and 20 weeks post op ● Appointments with physical therapy per PT discretion ● Seeing athletic trainer 5x per week
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Rehabilitation Goals	<ul style="list-style-type: none"> ● Full ROM ● Maximize upper extremity strength and endurance ● Maximize neuromuscular control ● Initiate sport specific training/functional training
Precautions	<ul style="list-style-type: none"> ● Begin light plyometric program at 12 weeks ● Begin throwing program at 16 weeks
Range of motion exercises	<ul style="list-style-type: none"> ● Continue with all ROM activities from previous phases ● Posterior capsule stretching ● Towel stretching ● Grade III-IV joint mobs as needed for full ROM
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Progress strengthening program w/ increase in resistance and high speed repetition ● Progress with eccentric strengthening of posterior cuff and scapular musculature ● Initiate single arm plyotoss ● Progress rhythmic stabilization activities to include standing PNF patterns with tubing ● UBE for strength and endurance ● Initiate military press, bench press, lat pulldown ● Initiate sport specific drills and functional activities ● Week 12-16: Initiate light plyometric program ● Week 16: Initiate interval throwing program ● Progress isokinetics to 90 degrees of abduction at high speeds
Cardiovascular Exercise	<ul style="list-style-type: none"> ● Running program beginning at 12 weeks ● UBE with increased resistance ● Stationary bike/ treadmill
Progression Criteria	<ul style="list-style-type: none"> ● 20 weeks post op <ul style="list-style-type: none"> ○ No apprehension ○ No Internal impingement ○ No active irritation/inflammation of the LH bicep tendon ● Progression through throwing program

****Not all patients will progress to Phase V. Individuals that are involved in sports and physical labor will be progressed, those that are not shoulder continue with progressive, low velocity loading.****

Phase V (begin after meeting Phase IV criteria, 20-24 weeks post op)**Date:** _____

Appointments	<ul style="list-style-type: none"> ● Appointment with office at 20 weeks and 24 weeks post op ● Appointments with physical therapy per PT discretion ● Seeing athletic trainer 5x per week
Rehabilitation Goals	<ul style="list-style-type: none"> ● Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns ● No apprehension or instability with high velocity overhead movements ● Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder ● Work capacity cardiovascular endurance for specific sport or work demands
Precautions	<ul style="list-style-type: none"> ● Progress gradually into sport specific movement patterns
Range of motion exercises	<ul style="list-style-type: none"> ● Posterior glides and sleeper stretch if posterior capsule tightness is present upon assessment
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Dumbbell and medicine ball exercises that incorporate trunk rotation and control with RTC strengthening at 90 degrees of shoulder abduction and higher velocities; sport specific ● Initiate throwing program, overhead racquet program or return to swimming program depending on sport ● High velocity strengthening and dynamic control, such as plyometrics and rapid exercise band drills
Cardiovascular Exercise	<ul style="list-style-type: none"> ● Design to use sport specific energy systems
Clearance Testing	<ul style="list-style-type: none"> ● 24 weeks PO ● Met all goals in Phase V ● Patient may return to sport after receiving clearance from physician and the physical therapist/ athletic trainer

Comments:

Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****