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NON-OP SHOULDER POST-OPERATIVE SLAP REPAIR REHAB GUIDELINES

Diagnosis/Surgery: __

PHASE 1: WEEKS 0-4

Goals:

- 1. Protect repair
- 2. Decrease pain
- 3. Reduce swelling/inflammation

Activity:

- 1. Sling for 4 weeks at all times (sling while sleeping)
- 2. Cryotherapy
- 3. Elbow, wrist, hand ROM exercises
- 4. No shoulder elevation, only supine FE<90°
- 5. No active ER, abduction, or extension
- PROM 25° ER and ER at 0° of glenohumeral abduction Rest elbow on supporting surface and use other hand to passively rotate arm in and out
- 7. No isolated biceps contractions/resistance, avoid torque

PHASE 2: WEEKS 4-8

<u>Goals:</u>

- 1. Protect repair
- 2. Decrease pain
- 3. Gradually progress PROM to achieve full by 8 weeks but NOT sooner

Activity:

- 1. Wean sling at week 4-6
- 2. Gradually improve ROM
 - Flexion to 145°

Begin ER at 45° abduction to 45-60° and progress at 90° abduction to 30-40°

Begin gentle abduction to 90°

- 3. Initiate stretching exercises
- 4. No biceps strengthening
- 5. Scapula stabilization
- 6. Isometrics

PHASE 3: WEEKS 8-11

Goals:

- 1. Gradually restore full AROM goal is full by week 12
- 2. Restore muscular strength and balance

Activity:

- 1. Rotator cuff/scapular strengthening
- 2. Light biceps strengthening
- 3. Continue stretching exercises
- 4. Progress ER to throwers motion

PHASE 4: >3 MONTHS POST-OP

Goals:

- 1. Advance proprioceptive activity
- 2. Functional activities
- 3. Gradual return to sports participation at 4 months

Activity:

- 1. Continue stretching/strengthening
- 2. Endurance training
- 3. Light plyometrics Restricted sports activities including light swimming and half golf swings
- 4. Sport specific training Throwers interval program

Weeks 15-20

Ok to return to contact sports of heavy labor at 20 weeks if patient has full non-painful ROM, satisfactory static stability, muscular strength 75-80% contralateral side, and no pain/tenderness

Weeks 20+

Ok to return to pitching if successfully completes interval throwing program without pain and has full functional ROM, satisfactory stability, and no pain/tenderness

Elisabeth C. Robinson, MD

Date