ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

Dr. Awowale
SLAP Repair, Bankart Repair, or Biceps Tenodesis
Phase 1- Maximum Protection Phase (0-6 weeks)

Goals for phase 1
- Minimize pain and inflammation
- Protect integrity of the repair
- Initiate shoulder PROM
- Prevent muscular inhibition

Precautions
- Sling x6 weeks
- NO resisted active isolated biceps activity (elbow flexion, supination) for 6 weeks; no biceps loading until week 10
- NO active external rotation, extension, or elevation

Criteria for progression to Phase 2
- Minimal pain with phase 1 exercises
- Passive flexion to ≥125°
- Passive abduction to 70°
- Passive ER and IR to 40° in scapular plane

Immobilization
- Immobilization in sling for 6 weeks or per physician
  - Sleep in sling for 3 weeks

PROM
- Initiate PROM in all planes of motion within limitations
  - Weeks 0-2: flexion and scaption to 90°; IR to 45°; ER to 30°; Codman's
  - Weeks 3-4: advance IR to 60°
  - Weeks 5-6: flexion and scaption to 145°; IR to 60°; ER to 50°
- Full ROM should be achieved by 8-10 weeks

AAROM
- Gentle AAROM
  - Limit A/AAROM of shoulder to 90° during phase 1

AROM
- Weeks 0-2: Scapulothoracic AROM in all planes
- Weeks 5-6: active forearm supination (no resistance, elbow flexed)

Manual Therapy
- Initiate pain dominant glenohumeral joint mobilization (grade 1-2)
- Initiate scar mobilization, soft tissue immobilization, edema massage
- Initiate other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

Strengthening
- Weeks 3-4: initiate scapulothoracic isometrics; gentle submax isometrics of shoulder musculature

Neuromuscular Control
- Weeks 3-4: initiate sub-maximal rhythmic stabilization drills

Modalities
- Cryotherapy as needed

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Phase 2 – Moderate Protection Phase (Weeks 7-12)

Goals for phase 2

- Minimize pain and inflammation
- Restore full shoulder PROM
- Restore full shoulder AROM
- Initiate strengthening

Precautions

- No biceps loading until 10 weeks

Criteria for progression to Phase 3

- Minimal pain with phase 2 exercises
- Flexion to 160°
- Abduction to 150
- IR to 45° at 90° abduction; full motion in scapular plane
- ER to 45° at 90° abduction; 65° in scapular plan
- 4/5 MMT for scapular and rotator cuff muscles

Stretching

- Initiate stretching exercises if ROM not full by 10 weeks
  - Flexion and scaption to 180°
  - ER to 90° at 90° abduction
  - IR to 70° at 90° abduction

AAROM

- Continue shoulder AAROM
  - Wand, table slides, wall slides, UE Ranger, pulleys

AROM

- Continue to progress shoulder AROM in all planes
- Gradually progress from gravity reduced to full gravity positions
- Gradually progress from below shoulder to above shoulder height
- Consider single-planar and multi-planar movement patters
- Do NOT exercise through shoulder shrug sign

Manual Therapy

- Continue pain dominant glenohumeral joint mobilization (grade 1-2) as needed
- Initiate stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
  - Utilize stiffness dominant glenohumeral joint mobilization to facilitate specific A/PROM deficits
- Continue other shoulder, scapular, cervicothoracic manual therapy techniques as needed

Strengthening

- Initiate light isotonic scapular strengthening
  - Supine press, serratus press outs, prone row, horizontal abduction, extension
- Initiate isotonic rotator cuff IR/ER strengthening with light weight resistance (bands, weights)
- Open kinetic chain to closed kinetic chain exercises
- Week 10-12:
  - Initiate submaximal isometrics and AROM for biceps
  - Progress isotonic resistive exercises
  - Begin submaximal exercises above 90° of elevation
- Do not exercise through shoulder shrug sign

Neuromuscular Control

- Rhythmic stabilization drills
  - Gradually progress shoulder flex from 100° to 90° to 60° to 30°
  - Gradually progress shoulder IR and ER from 30° to 60° to 90° of abduction
  - Slow speeds to fast speeds
  - Eyes opened to eyes closed

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

Phase 3- Minimum Protection Phase (Weeks 13-20)

Goals for phase 3

- Minimize pain and inflammation
- Restore full, pain-free A/PROM
- Improve shoulder, scapular, and total arm strength
- Improve neurodynamic stabilization of the shoulder
- No shoulder shrug sign with strengthening exercises

Precautions

- No throwing or overhead sports until 20 weeks

Criteria for progression to Phase 4

- AROM within 10° of contralateral upper extremity in all planes of motion
- Full, symmetrical posterior shoulder mobility
- Shoulder, scapular, and total arm strength 5/5

Stretching

- Continue stretching exercises as needed
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Manual Therapy

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed
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Strengthening

- Progress isotonic rotator cuff strengthening
  - Progress from gravity reduced to full gravity positions
  - Consider single-planar to multi-planar movement patterns
- Progress isotonic scapular strengthening exercises
  - Progress from isolated to functional movement patterns
- Progress isotonic elbow flexion and forearm supination
- Progress closed-chain strengthening exercises
  - Progress from sub-body weight to full body weight positions
  - Progress from stable to unstable surfaces
- Initiate gradual progression of sub-body weight suspension training exercises
  - TRX, GTS, etc

Neuromuscular Control

- Progress rhythmic stabilization exercises to more functional positions and dynamic movement patterns
  - Gradually progress from mid-range to end range positions
  - Gradually progress from open-chain to closed-chain positions
- Initiate gradual progression of other neuromuscular control exercises
  - Body blade, wall dribbles, ball flips, pylometrics, etc.

Core Strengthening

- Incorporate core integrated exercises with strengthening and neuromuscular control progression

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

Phase 4 – Advanced Strengthening, Return to Function (Weeks 21-26)

Goals for phase 4

- Minimize pain and inflammation
- Maintain full shoulder A/PROM
- Restore shoulder, scapular, and total arm strength, power, and endurance
- Restore neurodynamic stabilization of the shoulder
- Safe and effective return to previous level of function for occupational, sport and desired activities

Criteria for return to work, function, sport

- Minimal pain with phase 4 exercises
- Full, pain-free shoulder A/PROM and strength
- Complete return to function testing

Stretching

- Continue stretching exercises as needed
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Manual Therapy

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

Strengthening

- Continue phase 3 strengthening exercises
- Consider specific demands of occupational, sports, and desired activities

Neuromuscular Control

- Continue phase 3 neuromuscular control exercises
- Consider specific demands of occupational, sports, and desired activities

Core Strengthening

- Continue to incorporate core integrated exercises with strengthening and neuromuscular control progression

Sport-Specific Training Program

- Progress interval sport programs
  - Weeks 24-28, begin throwing from mound

Work Specialty Rehabilitation Program

- Transition to work conditioning if physical laborer
- Transition to work re-conditioning of specific occupational demands
  - Lifting requirements, overhead tasks, repetitive tasks, tool or machine work, etc.

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

Return to Function Testing: Aurora BayCare return to function for the upper extremity protocol to be used

- **Week 24:** **Return to function testing** per MD approval (appt must be scheduled with Aurora BayCare Sports Medicine department – East Side location to complete testing)
- **Criteria:** pain-free, 90% total arc of motion of contralateral arm, DASH ≤10% disability, isokinetic strength and functional testing at 90% compared to uninvolved, adequate scapular control with sport specific tasks