



Post-Operative Therapy for SLAP Repair/Bankart Repair

Anterior Stabilization / Latarjet
(Adapted from Wilk/Andrews/Neer/Jobe)

Note: This pathway is designed to serve as a guide to rehabilitation. Indications for progression should be based on patient's complete operative procedure, functional capacity and response to treatment.

General Considerations:

Guidelines for progression depending on healing timeframe for anatomic repair and performance of any concomitant procedures and/or co-morbidities (RCR/biceps repair)

Restrictive Phase

Weeks 0-3

Goals: Protect anatomic repair, prevent deleterious effects of immobilization, decrease pain and inflammation.

- Gentle PROM flexion 0-60° week 2, 60-75° week 3
- Elevation in scapular plane to 60°
- ER in scapular spine to <15°
- IR in scapular plane to <45°
- May initiate grade I/II scapular mobilization in all plans
- Elbow/Hand AROM and gripping activities
- No AROM or isolated biceps activation
- Sling to be utilized 24 hours a day, first 4 weeks

Modalities:

- Cryotherapy
- Pulsed US/phonophoresis
- IFC?HVGS, MHP

Moderate Protective Phase

Weeks 4-6

May discontinue use/wean off sling during the day.

Continue to wear sling at night until 6 weeks post-op.

ROM: PROM/AAROM

- Flexion/Scaption
 - Week 4: 0-90°
 - Week 5: 0-120°
 - Week 6: 0-150°
- External rotation (ER)
 - Week 4: 0-30°
 - Week 5: 0-45°
 - Week 6: 0-60°
- Abduction
- Internal rotation (IR) in scapular plane, as tolerated
- Elbow and wrist full ROM

Therapeutic Exercises:

- ROM
 - Pendulums
 - Pulleys (flexion and caption)
 - Wand exercises into flexion, ER per ROM units
 - Supine post cuff stretch into horizontal adduction
 - Gentle Grade I/II glenohumeral and scapular joint mobs
 - Manual stretching per ROM limits
- Strengthening
 - Sub-maximal isometrics for IR/ER week 4, progressing to light Theraband IR/ER at neutral abduction by week 6
 - No restricted elbow flexion or resisted shoulder flexion for 6 weeks
 - Periscapular stabilization (H/M/L rows, prone rows, prone horizontal abduction)
 - Initiate dynamic stabilization/proprioceptive activity
 - No isolated biceps contraction

Minimally Protective Phase

Weeks 7-12

Goals: Gradually restore full ROM, preserve anatomic repair, improve muscle recruitment, normalize scapula-humeral rhythm, enhance joint proprioception.

- ROM:
 - Flexion/Scaption – 150° progressing to full PROM by weeks 7-9
 - Full PROM in ER in scapular plane, progressing to 90/90 position
 - IR full by week 7-9
 - Grade III scapular mobilizations, all ranges
 - Grade III-IV, GH posteroinferior glides
- Strengthening:
 - IR/ER with elastic resistance in neutral abduction (use a towel roll between the upper arm and side)
 - Dumbbell isotonic exercises: flexion, scaption (full can), deceleration in sidelying (Thrower's Ten)
 - Rhythmic stabilization/contract-relax
 - UBE (upper body ergometry)
 - Scapular stabilization (H/M/L rows, shrugs, serrates punches)
 - PNF (proprioceptive neuromuscular facilitation) with light manual resistance
 - Bicep curls initiated at 6 weeks. Start with 3-5 pounds, progress cautiously
 - Week 8 initiate chest pass plyometrics, progressing to overhead pass and diagnostics

Functional Phase

Weeks 12-16

Goals: Maintain full active ROM, progress strengthening and stabilization program and to prepare for specific functional drills.

- Continue previous ROM and mobilization technique to maintain full ROM
- Continue with elastic IR/ER resistance exercises, progressing reps, intensity and sets
- Progress from neutral to scapular to the 90/90 position
- Initiate rhythmic stabilization to the 90/90 position as patient progresses
- Progress dumbbell program (up to 5 pounds) progressing to move difficult positions (prone caption thumb up, horizontal abduction thumb up, extension palm down and ER in horizontal abduction)
- Continue with scapular strengthening/stabilization, progressing the push-up plus program
- Week 10 gradually progress to single arm throw, elbow extend, arm straight overhead, progressing slowly to "cocked" position

Weeks 12-24

- Strengthening and condition, as tolerated

- Sports specific exercises
- Overall-be smart about biceps work – don't overload

Return to Functional Activities (Use as guide as progress allows)

- Sedentary job – 3 weeks
- Manual job within reason – 3 months
- Driving – 6-8 weeks
- Golf – 3 months
- Lifting – avoid heavy lifting minimum 3 months
- Contact sports – 3 months minimum
- Overhead lifting/traction activities – as tolerated, 4 months, include pull-ups
- Throwing activity – 4 months post-op, follow appropriate return to throwing programming
- Dips – 4 months, as tolerated
- Return to sport – 4 months
- Return to full throwing – 5-6 months