

## SLAP Repair

### Physiotherapy Protocol

The area repaired is the detached origin of LHB at the superior rim of the glenoid. This operation has a tendency towards postoperative stiffness.

#### Aims of Physiotherapy

- Regain scapular and GHJ stability
- Regain full AROM of GHJ, progressing proprioception through open and closed chain exercises
- Regain cuff strength

#### 0 - 2/3 weeks

- In polysling
- Patient education – including post-operative expectations, restrictions and maintaining AROM of elbow, wrist and hand along with scapular setting and posture
- Passive ROM as tolerated – pendular exercises
- Avoid combined shoulder and elbow extension for 6 weeks
- Start weaning out of sling as comfortable

#### 2/3 weeks onwards

- Removal of sling if no longer needed for pain relief
- Begin formal physiotherapy
- Active mobilisation of shoulder as comfort allows
- Increase proprioception and strength through open and closed chain exercises
- Begin posterior capsule mobilisation / stretching
- Patient advised to avoid resisted elbow flexion and supination

#### 6 weeks onwards

- Patient should have full shoulder flexion
- Manual therapy to clear any remaining stiffness – including posterior capsule / complex

- Check biceps function – add in eccentric strengthening if necessary, but with care
- Patient should have full AROM by 3 months

Return to functional activities / sports

- *Driving* 3 - 6 weeks, make patient aware they must be 'safe' drivers
- *Work* sedentary job as tolerated, manual job at 6 -12 weeks, but to be agreed with Consultant
- *Lifting* lighter weights from 3 weeks; heavy items from 3 months
- *Swimming* breaststroke and freestyle from 6 weeks
- *Golf* from 6 weeks
- *Contact sports* from 3 months but to be agreed with Consultant

Consultant Follow Up at 3 weeks post-op