

Michael A. Terry, MD Vehniah K. Tjong, MD

# Arthroscopic Type 2 Slap Repair

### Phase 1 goals

Full passive range of motionat 4 weeks

Sling on at all times for 4 weeks when not doing exercises

Stitches assessed and removed in clinic within 7-14 days

#### Weeks 0-2

Gentle pendulum exercises

Elbow/wrist/hand range of motion and hand grip exercises

No biceps contractions; no active elbow flexion; no lifting above 2 lbs.

Modalities as necessary to decrease swelling

PROM and gentle AAROM exercises while supine

- -Forward flexion 0-90
- -ER 0-15; IR 0-45
- -No active range of motion

# Weeks 2-4

Continue previous activities

Initiate proprioception training and scapular stabilization drills

PROM and AAROM exercises while supine

- -Full forward flexion/full ER/full IR
- -No active range of motion

# Weeks 4-6

Discontinue use of sling at 4 weeks

Full PROM and AAROM while seated: FF/IR/ER

Northwestern Medicine Orthopaedics 312.695.6800 nm.org

Being active range of motion with terminal stretch with PT guidance

Initiate tubing for ER/IR range of motion at 90 degrees

## Phase 2 goals

Restore full active range of motion

Preserve normal joint kinematics

Restore muscle balance and strength

Weight training

- -Keep hands within eyesight; keep elbows bent
- –No military press; no pull downs behind head; no wide grip bench

# Weeks 6-12

External and internal rotation with tubes/bands of increasing resistance

Standing forward punch with increasing resistance and seated rows

Eccentric lateral, scapular and posterior shoulder strengthening

Bicep curls with gravity only then with increasing resistance added over 6 weeks

Progress ER to throwers motion = ER at 90 degrees abduction to 100-110 degrees

Continue stretching posterior capsule (horizontal adduction and IR)

#### Return to activities

- -Computer at 4 weeks
- -Contact sports 16 weeks