

SLAP Repair Rehab Protocol

The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a SLAP repair. This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I: First 4 weeks of therapy (typically begins 3-4 weeks after surgery)

- Patient education: posture, joint protection, positioning, hygiene
- No active movement of the shoulder
- No pendulums
- Elbow, wrist, and hand AROM without weight
- Progress gentle PROM of the shoulder *as tolerated*:
 - Forward flexion to 90°
 - Abduction to 75-85°
 - ER/IR in the scapular plane to 30°
- Begin active and manual scapular strengthening exercises

GOAL: *PROM with minimal pain. No shoulder or biceps strengthening.*

Phase II: Weeks 4-6 of therapy

- Gently progress PROM to AAROM to AROM of shoulder in all planes. Begin with gravity eliminated positions and progress to gravity resisted positions as tolerated.
 - Forward flexion to 145°
 - Abduction to 145°
 - ER/IR in the scapular plane to 45°
- May initiate gentle stretching
- Progress scapular strengthening exercises

GOAL: *Gradual progression from PROM to AROM; promote dynamic stability*

Phase III: Weeks 6-12 of therapy

- Continue progressing AROM to pain free full active range motion, as tolerated
- Continue all shoulder stretching exercises to maintain ROM
- Continue AROM of elbow, wrist, hand as needed to preserve motion
- Initiate posterior capsule stretching cross body adduction stretching as needed
- May progress scapular, back and biceps strengthening with light resistance

GOAL: *Gradual return to pain-free full active ROM*

Phase IV: Beyond 12 weeks of therapy

- Patient education on importance of gradually increasing stress to shoulder with return to normal ADLs, work, and recreational activities
- May start gradual strengthening of RTC muscles if normal, pain-free ROM is already achieved
- In athletes-may initiate “Throwers Ten” protocol and gradual return to interval throwing after 4-month mark
- Dynamic stabilization exercises
- Closed chain activity progression
- Modalities as needed
- Ensure appropriate use of upper extremities during ADLs.

GOAL: *Gradual progression of ROM and strength with goal of returning to all normal ADLs, work, and recreational activities*

*****Expected Recovery Time is approximately 9-12 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

Wilk K, et al. Current Concepts in the Recognition and Treatment of Superior Labral (SLAP) Lesions. *Journal of Orthopaedic and Sports Physical Therapy*. 2005; 35(1):273-291.

Christopher C. Dodson, David W. Altchek. SLAP Lesions: An Update on Recognition and Treatment. *Journal of Orthopaedic and Sports Physical Therapy*. 2009;39(2):71-80