

SLAP Lesion Repair

Rehabilitation Protocol

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Introduction:

- This rehabilitation protocol has been developed for the patient following a SLAP (Superior Labrum Anterior Posterior) repair. It is extremely important to protect the biceps/labral complex for 6 weeks post-operatively to allow appropriate healing.

Goals of rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy is to begin post-op week #1. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program.

Important post-op signs to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity:

- It requires both time and regular clinic evaluation to safely and efficiently return to functional activity.
- Adequate strength, flexibility, and endurance are all necessary to return to high level function, all of which are addressed in this program.
- Functional evaluation including strength and range of motion testing are required to assess a patient's readiness to return to sport.
- Return to intense activities following a SLAP repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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Phase 1: Week 1-3

Range of Motion:

- Passive range of motion
 - Flexion/Elevation
- Passive range of motion-scapular plane
 - External Rotation
 - Internal Rotation
- Pendulum exercises
- Scapular ROM is critical
- Rope/Pulley (flex, abd, scaption)
- Wand exercises-all planes within limitations
- Posterior capsule stretch
- Manual stretching and Grade I-II joint mobs

Strength:

- Initiate submaximal isometrics-**NO** elbow flexion
- Periscapular muscle strengthening and coordination critical
- Initiate scapular stabilizer strengthening
- Initiate UBE without resistance

Brace:

- Brace for 3 weeks or as noted by Dr. Adickes
- Brace removed for exercises above

Modalities:

- E-stim as needed
- Ice 15-20 minutes

Goals for Phase 1:

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

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Phase 2: Week 3-6

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Range of Motion:

- Passive range of motion
 - Flexion/Elevation
- Passive range of motion-scapular plane
 - External Rotation
 - Internal Rotation
- Pendulum exercise
- Scapular ROM is critical
- Posterior capsule stretch
- Rope/Pulley (flex, abd, scaption)
- Wand exercise-all planes within limitations
- Manual stretching and Grade II-III to reach goals

Strength:

- Continue isometric activities as in Phase 1
- Periscapular muscle strengthening and coordination critical
- Initiate supine rhythmic stabilization at 90° flexion
- Initiate IR/ER at neutral with tubing
- Initiate forward flexion, scaption, empty can
- Initiate sidelying ER and tricep strengthening
- Push-up progression
- Prone abduction with external rotation
- Shoulder shrugs with resistance
- Supine punches with resistance
- Shoulder retraction with resistance
- Initiate UBE for endurance
- Prone rows
- Initiate **light** biceps curls at week 3

Modalities:

- Ice 15-20 minutes

Goals for Phase 2:

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in ROM

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Phase 3: Week 6-12

Range of Motion:

- Continue all ROM activities from Phase 2
- Posterior capsule stretching
- Towel stretching
- Rope/Pulley activities
- Wand exercises
- Manual stretching and Grade III-IV mobs

Strength:

- Continue all strengthening from previous phases increasing resistance and repetition
- Periscapular muscle strengthening and coordination critical
- Initiate plyotoss chest pass
- Initiate PNF patterns with theraband
- Initiate IR/ER exercises at 90° abduction
- Initiate isokinetic IR/ER at neutral at wk 10-12

Modalities:

- Ice 15-20 minutes

Goals for Phase 3:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

Phase 4: Week 12-24

Range of Motion:

- Continue with all ROM activities from previous phases
- Posterior capsule stretching
- Towel stretching
- Grade III-IV joint mobs as needed for full ROM

Strength:

- Progress strengthening program with increase in resistance and high speed repetition
- Progress with eccentric strengthening of posterior cuff and scapular musculature
- Initiate single arm plyotoss
- Progress rhythmic stabilization activities to include standing PNF patterns with tubing
- UBE for strength and endurance
- Initiate military press, bench press, lat pulldown
- Initiate sport specific drills and functional activities
- Initiate interval throwing program week 16
- Initiate light plyometric program week 12-16
- Progress isokinetics to 90° of abduction at high speeds

Modalities:

- Ice 15-20 minutes

Goals for Phase 4:

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training