SLAP Lesion Repair
Rehabilitation Protocol
Dr. Mark Adickes

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

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