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Physical Therapy Rehabilitation following SLAP Repair

These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. These guidelines pertain to the repair of a SLAP Type II or IV defect with repair of the biceps anchor to the superior aspect of the glenoid. Every patient is different, so the time points are just guidelines – the emphasis should be on achieving the milestones of each phase prior to advancing to the next phase. If other concomitant procedures were performed (i.e. biceps tenodesis, distal clavicle excision, etc.) please reference those additional protocols as well to create a patient-specific program. Please feel free to communicate with our office with any questions or concerns.

PHASE 1 (0-4 WEEKS)

GENERAL GUIDELINES AND PRECAUTIONS

- Sling 24/7 including sleep
- NO active forward elevation; NO forward elevation isometrics
- NO ER(90) passively
- NO biceps contraction
- NO IR with vertebral hand slide

GOALS

- Protect the repair of the torn glenoid labrum and biceps anchor
- Minimize post-operative pain and swelling
- Facilitate distal UE circulation/prevent edema swelling distally
- Facilitate a stable scapular base
- Minimize stiffness in the glenohumeral joint with staged passive motion goals

EXERCISES

- Supported pendulum, ball squeeze, wrist flexion/extension
- Well arm supported elbow flexion/extension
- Passive forward elevation to 90; ER to 30 with arm supported in scapular plane
- IR/ER submax isometrics (can add as post op pain resolves) and scapular retraction/depression to neutral. Avoid excessive scapular retraction

CRITERIA TO PROGRESS TO PHASE 2

- Pain less than 3 at all times, including PT (home and clinic)
- Passive forward elevation to 90 and ER(0) in scapular plane to 30

PHASE 2 (4-8 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- NO resistance to biceps, but may begin AROM for elbow flexion
- Progress PROM as tolerated slowly toward normal; may initiate ER(90) and gentle vertebral hand slide
- If a patient has a hypermobile profile, don't push motion
- Address posterior capsule restrictions in order to restore centralized humeral head on glenoid and keep shear stresses off biceps anchor

GOALS

- Full PROM by week 8, or at least:
- IR(90) within 10 deg of other side; ER (0) 40-60; ER(90) 40-60
- Wean out of sling over 1-2 weeks
- Cuff and scapular strength development to support the glenohumeral joint

EXERCISES

- PROM toward normal; when at least 80% full, begin AAROM to AROM progression
- Light TheraBand for cuff and scapular mm when sufficient ROM
- May begin prone scapular exercises, but initially have arm alongside of body
- Active elbow flexion/extension with NO resistance

CRITERIA TO PROGRESS TO PHASE 3

- Full pain free PROM
- Full AROM for elevation without pain and with good mechanics
- No scapular winging with active forward elevation

PHASE 3 (8-12 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- All PROM should be normalized in this phase if deficits persist
- Gently restore ER(90) slowly toward demands for work/sport (115 for thrower by week 12)
- May begin jogging
- Light free weights in gym, avoiding pectoral work posterior the frontal plane, or overhead lifting such as military press or skull crushers (eg. Do triceps with bar to press down, or in forward bent kick back)
- **No resistance to biceps curls until 12 weeks**

GOALS

- Full AROM without pain and with good mechanics; full PROM with no stiffness by week 10, including ER(90)
- Progress cuff and scapular strengthening slowly to provide glenohumeral joint support

EXERCISES

- “Throwers 10” : D2 flexion, D2 extension, ER(0) with TheraBand, IR(0) with TheraBand, ER(90) with TheraBand; IR(90) with TheraBand, shoulder abduction to 90 degrees with elbow flexed; scaption to 90 (full can); prone horizontal abduction with palm down (neutral); prone horizontal abduction in full ER; seated press ups; prone rowing with bent elbow; serratus wall push up with plus (progress to incline then prone); elbow flexion with NO resistance; elbow extension; wrist flexion; wrist extension; wrist pronation; wrist supination – add weights for all as tolerated
- Plyo throws to bounce back
- Kinetic chain considerations for hip, trunk, etc.

- End range stretches as needed, particularly posterior capsule and ER(90) if a thrower

CRITERIA FOR RETURN TO WORK/SPORT

- Sufficient pain free range and strength for work/sport demand

PHASE 4 (12-16 weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- Good to use handheld dynamometer to objectively determine strength deficits and address
- Resistance to biceps anchor is allowed as tendon integration into bone should be sufficient
- May now begin closed chain activities

GOALS

- Develop functional motion/strength deficits needed for work/sport
- Integrate all components of kinetic chain into recovery (eg. Cardiovascular, core, LE strength and flexibility)
- May use gym machines, beginning with light weights and higher reps initially, and avoiding
- motion extremes (eg. Bench press with bar only anterior the frontal plane and very low weight)

EXERCISES

- Address deficits identified with hand held dynamometer
- Biceps curls with weight allowed
- Shoulder D1/D2 diagonals
- Core/LE/cardiovascular needed for work/sport
- Eccentric posterior cuff for throwers
- Body blade, closed chain scapular stabilization progressions.
- Stretch to ER(90) 115 and IR to within other side if not yet achieved for throwers

CRITERIA FOR RETURN TO WORK/SPORT

- Begin interval throwing at 16-20 weeks

- Cleared to throw at 6 months if pain free with progression