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Rehabilitation Guidelines After Repair of SLAP Lesion

Definition: SLAP = (Superior Labrum, Anterior and Posterior) is a lesion that begins posteriorly in the labrum and extends anteriorly, involving the anchor of the long head of the biceps brachii to the labrum. In repair of a SLAP lesion, the labral-biceps complex is reattached.

Phase I: Immediate Motion Phase (0-3 weeks)

Goals:

- Allow healing of soft tissue
- early-protected ROM
- retard muscle atrophy
- decrease pain/inflammation

Sling for 6 weeks (removed 2-3 times per day in order to perform the exercises to follow).

1) Gentle mobilizations and manual stretching by therapist

2) Initiate isometrics in a PAIN-FREE manner as follows:

- Shld Flex, Ext, IR, ER, and elbow Ext.
- ****NO ISOLATED BICEPS CONTRACTION**

3) Initiate PROM/AAROM as follows:

- Pendulum
- Active Assisted Flex - supine
- Wand ER – supine to neutral
- Posterior shld stretch

4) PROM and AAROM with the following restrictions:

Week 1: Flexion to 60 degrees

ER at side to neutral

IR in scapular plane as tolerated

Week 2: Flexion to 75 degrees

ER in scapular plane to 15 degrees

Week 3: Flexion to 90 degrees

ER in scapular plane to 30 degrees

5) Modalities prn for pain and inflammation

Phase II: Intermediate Phase (3-6 weeks)

Criteria: Minimal pain and inflammation, stable shoulder

Goals:

- Gradual increase in ROM
- improve strength
- decrease pain/inflammation
- Continue previous ROM exercises and jt. mobs as needed

PROM and AAROM progressed with the following restrictions:

Week 4: Flexion to 120-130 degrees

ER in scapular plane 30-40 degrees

Week 5: Flexion to 130-140 degrees

ER in scapular plane 40 degrees

Week 6: Flexion to 145 degrees

ER in scapular plane to 50 degrees

IR in scapular plane to full motion

Continue previous isometric exercises

Initiate supine joint positioning and basic rhythmic stabilization exercises (see jt. Positioning & rhythmic stabilization addendum)

Begin IR/ER theraband at side as pt. tolerates

Begin dumbbell isotonic as tolerated: Forward Flex

Scaption

SL ER

Initiate UE and scapular strengthening: Triceps

Shrugs

Scapular retractions

SA

Push-up with a plus (6 wks)

Phase III: Strengthening Phase (6 weeks – 3 months)

Criteria: Minimal pain, nearly complete ROM

Goals:

- Normalize ROM
- improve strength
- improve neuromuscular control
- normalize arthrokinematics

Begin UBE at 7-8 wks

Continue ROM and jt mobs as needed.

FULL ROM SHOULD BE ACHIEVED BY 10-12 WEEKS

Progress Phase II exercises

Initiate LIGHT resisted biceps at 10 weeks (no > 1 lb. or soda can)

Initiate prone dumbbell exercises at 6 weeks

Initiate manual resisted D2 flexion and extension in supine and progress to include theraband D2 flexion

Progress rhythmic stabilization to intermediate then advanced per addendum

Initiate basic dynamic stabilization at 8-10 weeks (see dynamic stabilization addendum for progression)

Progress dynamic stabilization per addendum to intermediate/advanced at 10-12 weeks

Initiate basic plyometrics at 3 months (see plyometric addendum)

Isokinetics only if required at 3 months

Phase IV: Return to Activity Phase (3-6 months)

Criteria: Full painless ROM, satisfactory clinical exam, muscle strength that fulfills work/sport requirements

Goals:

- Improve strength/power/endurance
- Prepare athlete to begin to throw if appropriate
- Progressively increase activities to prepare patient for full functional return

Advance biceps strengthening to 2 lb. or greater

Progress previous strengthening program – continue to increase weight resistance with isotonic

Focus exercises on eccentric strengthening of post. rotator cuff and scapular muscles

Progress to advanced plyometrics (see plyometrics addendum)

Add total body conditioning, including strength and endurance training if appropriate (athlete or required by pt's job)

Initiate sport/work specific drills or activities

Initiate interval throwing program if overhead athlete general overhead program or aggressive – pitcher (see addendum) at week 16-18

Return to sport, work, and prior activity level unrestricted base on physician approval and completion of rehab

Red Flags

OK to have mild discomfort with exercises, but if it persists > 1 hr., the intensity of the exercises must be decreased.