

SLAP Repair Rehabilitation Protocol

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This protocol is a general outline to assist in directing the post-operative rehabilitation of patients undergoing a SLAP repair. Full return to prior level of play occurs in only 80-90% of athletes. Adherence to a structured program is critical to improving chances at return to play.

General time frames are provided as a reference only. Individual patients may progress at differing rates depending on age, magnitude of labral repair, pre-injury motion and strength, and rehabilitation compliance. However, restrictions on ROM and high velocity activity should be followed regardless of a patient's ability to progress more quickly, due to high risks of repair failure.

Phase 1: Protection (0 – 4 weeks)

Shoulder immobilizer for the first 4 weeks. Sleep in the sling (remove neck strap if needed for comfort).

Range of Motion - remove sling 3 x daily for ROM exercises as below:

- Pendulum exercises - no larger than a basketball, 5 minutes at time, alternate directions
- Active ROM in elbow flexion and extension with the elbow at the side and humerus in neutral rotation
- Forearm pronation and supination, finger and wrist ROM
- Scapular retractions and trapezial stretch

Restrictions

- No active ROM of the shoulder

Goals

- Protect the integrity of the repair, decrease soft tissue swelling
- Demonstrate scapular mobility

Phase 2: Early ROM (4 – 6 weeks) – No external rotation > 45°

Discontinue shoulder immobilizer, may use simple sling as needed for comfort when out of the house (fatigue, pain, protection).

Range of Motion - begin at 4 weeks

- Pain free, gentle passive ROM of shoulder in flexion, abduction, IR, and ER
- Begin table slides
- Begin supine active-assisted ROM as tolerated

Restrictions

- Avoid long head biceps tension through week 6
 - No combined abduction and external rotation (arm in throwing position)
 - No resisted supination or elbow flexion
- No passive ER beyond 45°
- No lifting greater than 2lbs

Goals

- Establish good scapulothoracic joint mobility
- Demonstrate scapular control/stability
- Initiate early glenohumeral mobility while protecting the labral repair, passive FE >90°

Phase 3: Active ROM (6 – 8 weeks)

Patient may begin AROM in all planes but avoid internal rotation behind the back due to stress on the superior labrum. Progress external rotation beyond 45° as tolerated. May begin light rotator cuff and scapular stabilization strengthening.

Range of Motion

- Progress ROM in all planes with restrictions as noted
- Initiate sleeper stretches for posterior capsular tightness as needed

Strengthening

- Progress from isometrics to band exercises to neutral only in IR/ER for cuff strengthening
 - Avoid supination with ER band exercises
- Scapular strengthening:
 - Advance rows and scapular stabilization exercises

Restrictions

- No internal rotation behind the back
- No combined abduction and external rotation

Goals

- Standing FE of $\geq 120^\circ$
- ER of approximately 60° with the elbow at the side
- Progression towards normal scapulohumeral rhythm

Phase 4: Early Strengthening (8 – 16 weeks)

Continue to progress ROM in all planes with no ER restriction. Begin core strengthening.

Begin upper extremity large muscle group strength training exercises at a low intensity with slow progression. Begin multi-planar strengthening of involved UE. Can begin plyometric type activities and work hardening and conditioning activities (box lifts, carries, push/pull, etc.) after 12 weeks.

Restrictions

- All ROM exercises to remain non-provocative and submaximal velocity
- Submaximal effort in strengthening until week 12
- No swimming or overhead sports activity

Goals

- Achieve full active shoulder forward elevation and abduction
- ER of $\geq 75^\circ$ with the elbow at the side
- Rotator cuff and scapular strength $\geq 4+/5$, core strength $\geq 4+/5$
- Perform lifting and carrying activities and return to work readiness activities at moderate physical demand level by 4 months

Phase 5: Advanced Strengthening (16-20 weeks)

Progress to functional activities to maximize strength, power and endurance. Patient to progress gradually from low velocity known movement patterns to higher velocity and provocative movements. Begin sport specific biomechanics education. Continue core and hip strengthening.

Goals

- Multi-plane rotator cuff strength of 5/5
- Prepare for return to sports and work-related activities

Precautions

- No swimming
- No full velocity throwing or overhead racquet sports

Phase 6: Sport specific training (Beyond 20 weeks)

May begin an interval throwing program for throwing athletes and sports interval program for non-throwing athletes. Maximize core and hip strength to eliminate compensatory shoulder stresses.

Precautions

- No pull-ups until 6 months post-op
- No dips until 6 months post-op
- Return to non-contact sports at 4 – 6 months post-op (tennis, golf)
- Full return to pitching and full velocity activity in overhead sports at 6 – 8 months
- Return to contact sports at 6 – 8 months