

Sports Rehabilitation & Performance Center SLAP Repair Guidelines[©] *

The following SLAP Repair guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. **Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression.** The rehabilitation program following SLAP repair emphasizes early, controlled motion to optimize healing and to avoid excessive passive stretching. Abduction and external rotation ROM of the shoulder, and biceps strengthening are progressed slowly to avoid excessive stretch to the labrum and traction to the long head of the biceps. The program is based on the patient returning to sport-specific activities no earlier than 3-4 months post-surgery.

Follow physician's modifications as prescribed

POST – OPERATIVE PHASE I (WEEKS 0-4) MAXIMUM PROTECTION PHASE

GOALS:

- Promote healing : reduce pain and inflammation
- Elevation in plane of scapula to 90°
- External rotation: MD directed
- Independent home exercise program

Emphasize:

- PROTECTING SURGICAL REPAIR
- Minimizing pain and inflammation
- Patient compliance with sling immobilization

PRECAUTIONS:

- Immobilizer at all times, except when exercising or bathing
- External Rotation and extension limited to neutral

TREATMENT RECOMMENDATIONS:

- Immobilizer; Gripping exercises; AAROM external rotation to neutral; AAROM elevation in PoS; AROM wrist/ elbow (supported to avoid biceps stress); scapular mobility and stability (sidelying, progressing to manual resistance); pain-free, submaximal deltoid isometrics; pain-free, submaximal RC isometrics; Modalities as needed; Home exercise program
- Other: _____

MINIMUM CRITERIA FOR ADVANCEMENT:

- External rotation: at least to neutral, MD directed
- Elevation in plane of scapula to 90°
- Minimal pain or inflammation

MODIFICATIONS TO PHASE I:

External Rotation to: _____°

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / ___



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POST – OPERATIVE PHASE II (WEEKS 4-8)

GOALS:

- Continue to promote healing
- Elevation in plane of scapula to 145°
- External rotation to 60°
- Begin to restore scapula and upper extremity strength
- Restore normal scapulohumeral rhythm

Emphasize:

- PROTECTING SURGICAL REPAIR
- Avoiding inflammation of rotator cuff
- Normalizing scapulohumeral rhythm

PRECAUTIONS:

- Limit external rotation to 30° until 6 weeks
- Avoid excessive stretch to the labrum and biceps
- Avoid rotator cuff inflammation

TREATMENT RECOMMENDATIONS:

- Discontinue immobilizer (surgeon directed); Continue AAROM elevation (PoS): wand exercises, pulleys; Continue AAROM external rotation: limited to 30° until 6 weeks; Hydrotherapy as required; Manual scapular side-lying stabilization exercises; progress scapular strengthening in protective arcs; Physio ball stabilization exercises; Internal/External rotation isometrics (submaximal/pain-free) progressing to isotonic internal/external rotation strengthening at 6 weeks; begin humeral head stabilization exercises; scapular plane elevation (emphasis on scapulohumeral rhythm); begin latissimus strengthening, limited to 90° forward flexion; modalities, as needed; modify home exercise program

MINIMUM CRITERIA FOR ADVANCEMENT:

- Elevation in plane of scapula to 145°
- External rotation to 60°
- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- Internal rotation/ external rotation strength 5/5

MODIFICATIONS TO PHASE II:

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / ____



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POST – OPERATIVE PHASE III (WEEKS 8-14)

GOALS:

- Restore full shoulder range of motion
- Restore normal scapulohumeral rhythm
- Isokinetic IR/ER strength 85% of uninvolved side
- Restore normal flexibility

Emphasize:

- Monitoring ROM
- Avoiding excessive passive stretching
- Normalizing scapulohumeral rhythm

PRECAUTIONS:

- Avoid rotator cuff inflammation
- Avoid excessive passive stretching

TREATMENT RECOMMENDATIONS:

- Continue AAROM for elevation in scapular plane and external rotation; AAROM for internal rotation; aggressive scapular and latissimus strengthening; begin biceps strengthening; begin PNF patterns if internal/external rotation strength in 5/5; progress humeral head stabilization exercises; progress internal/external rotation to 90/90 position if required; general upper body flexibility exercises; upper body ergometry; Isokinetic training and testing; modalities as needed; modify home exercise program

MINIMUM CRITERIA FOR ADVANCEMENT:

- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- Full upper extremity range of motion
- Isokinetic internal/external rotation strength 85% of uninvolved side

MODIFICATIONS TO PHASE III:

Patient Name: _____

Physician's Signature: _____ **M.D.** **Date:** ___ / ___ / ___





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POST – OPERATIVE PHASE IV (WEEKS 14-18)

GOALS:

- Restore normal neuromuscular function
- Maintain strength and flexibility
- Isokinetic IR/ER strength equal to the unaffected side
- Prevent re-injury

Emphasize:

- Monitoring symptoms

PRECAUTIONS:

- Pain free plyometrics
- Significant pain with a specific activity
- Feeling of instability

TREATMENT RECOMMENDATIONS:

- Continue full upper extremity strengthening program and flexibility exercises; activity-specific plyometrics program; address trunk and lower extremity demands; continue endurance training; begin sport or activity-related program; modify home exercise program

CRITERIA FOR DISCHARGE:

- Isokinetic IR/ER strength equal to unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Independent home exercise program
- Independent, pain-free sport or activity-specific program

MODIFICATIONS TO PHASE IV:

Patient Name: _____

Physician's Signature: _____ **M.D. Date:** ___ / ___ / ___