

SLAP Repair

Definition: SLAP = (Superior Labrum, Anterior and Posterior) is a lesion that begins posterior 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). 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 neutral (0 degrees) Week 3: Flexion to 90 degrees ER in scapular plane to neutral (0 degrees) Initiate PROM/AAROM as follows: Pendulum Active Assisted Flex - supine Wand ER – sup Posterior shld stretch- Only at 6 weeks Initiate isometrics in a PAIN-FREE manner as follows: Shld Flex, Ext, IR, ER, and elbow Ext.- No ER of Shoulder Past Neutral

****NO ISOLATED BICEPS CONTRACTION**

Gentle mobilizations and manual stretching by therapist Modalities prn for pain and inflammation Critieria: Minimal pain and inflammation, stable shoulder Goals: Gradual increase in ROM, improve strength, decrease pain/inflammation

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 ROM exercises and jt. mobs as needed
Continue previous isometric exercises
Initiate supine basic rhythmic stabilization exercises (see addendum for progression)
Begin IR/ER theraband at side as pt. tolerates
Begin dumbbell isotonics as tolerated: Forward Flex
Scaption SL ER

STAY HIGH REP LOW RESISTANCE WITH ABOVE EXERCISES OR ANY THAT AFFECT THE GLENOHUMERAL JOINT AND MAY FIRE THE BICEPS!!!!!

Initiate UE and scapular strengthening: Triceps

Shrugs Scapular retractions SA Push-up with a plus (6 wks)

Phase III: Strengthening Phase (6 weeks – 12 weeks)

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. **Begin posterior capsule stretches light to aggressive** (6 weeks) 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 and rhythmic stabilization exercises in standing (see addendum for progression) Initiate basic dynamic stabilization at 8-10 weeks (see addendum for progression) Initiate basic plyometrics at 3 months (see addendum) Isokinetics if required at 3 months

Phase IV: Return to Activity Phase (3 months)

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

Advance biceps strengthening to 2 lb. or greater

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

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

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 appropriate interval throwing, pitching, tennis, and golf Program as appropriate at 12 weeks.

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 > I hr., the intensity of the exercises must be decreased.

If there is an increase in night pain, the program must be altered to decrease the intensity.