



Repair of SLAP Lesion Rehabilitation Guidelines

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 shoulder stretch- **Only at 6 weeks**
- Initiate isometrics in a PAIN-FREE manner as follows:
 - Shoulder 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

Phase II: Intermediate Phase (3-6 weeks)

Criteria:

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 joint mobilizations, 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 isotonic as tolerated:
 - Forward Flex
 - Scaption
 - SL ER
- **STAY WITH 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 isotonic
- 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 > 1 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.