

## **SLAP Lesion Repair Protocol**

### **Dr. Robert Klitzman**

This rehabilitation protocol has been developed for the patient following a SLAP (Superior Labrum Anterior Posterior) repair. It is extremely important to protect the biceps/labral complex for 6 weeks post-operatively to allow appropriate healing. This protocol has been divided into phases. Each phase may vary slightly based on the individual patient and special circumstances.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

Early passive range of motion with noted limitations is highly beneficial to enhance circulation within the joint to promote healing. The physical therapy should be initiated within the first week following surgery. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

**Important post-operative signs** to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive – an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following a SLAP repair require both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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**Phase 1: Week 1-3**  
**SLAP Repair**  
**Dr. Robert Klitzman**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
1-3	<b>ROM</b> Passive range of motion -- Flexion/Elevation  Passive range of motion – scapular plane -- External Rotation  -- Internal Rotation Pendulum exercises Rope/Pulley (flex, abd, scaption) Wand exercises – all planes within limitations Posterior capsule stretch Manual stretching and Grade I-II joint mobs	Gradual ↑  0-60° wk 1 0-75° wk 2 0-90° wk 3  0-15° wk 1 0-30° wk 2 as tolerated
	<b>STRENGTH</b> Initiate submaximal isometrics – <b>NO</b> elbow flexion Initiate scapular stabilizer strengthening Initiate UBE without resistance	
	<b>BRACE</b> Brace for 3 weeks or as noted by Dr. Klitzman Brace removed for exercises above	
	<b>MODALITIES</b> E-stim as needed Ice 15-20 minutes	

**GOALS OF PHASE:**

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

**Phase 2: Week 3-6**  
**SLAP Repair**  
**Dr. Robert Klitzman**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
3-6	<p><b>ROM</b></p> <p>Passive range of motion  -- Flexion/Elevation  Passive range of motion – scapular plane  -- External rotation  -- Internal rotation  Pendulum exercise  Posterior capsule stretch  Rope/Pulley (flex, abd, scaption)  Wand exercise – all planes within limitations  Manual stretching and Grade II-III to reach goals</p> <p><b>STRENGTH</b></p> <p>Continue isometric activities as in Phase 1  Initiate supine rhythmic stabilization at 90° flexion  Initiate IR/ER at neutral with tubing  Initiate forward flexion, scaption, empty can  Initiate sidelying ER and tricep strengthening  Push-up progression  Prone abduction with external rotation  Shoulder shrugs with resistance  Supine punches with resistance  Shoulder retraction with resistance  Initiate UBE for endurance  Prone rows  Initiate <b>light</b> biceps curls at week 3</p> <p><b>MODALITIES</b></p> <p>Ice 15-20 minutes</p>	<p>Gradual ↑</p> <p>0-145°</p> <p>0-50° wk 6  Full ROM wk 6</p>

**GOALS OF PHASE:**

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in ROM

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**Phase 3: Week 6-12**  
**SLAP Repair**  
**Dr. Robert Klitzman**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
6-12	<p><b>ROM</b></p> <p>Continue all ROM from previous phases Posterior capsule stretching Towel stretching Rope/Pulley activities Wand exercises Manual stretching and Grade III-IV mobs</p> <p><b>STRENGTH</b></p> <p>Continue all strengthening from previous phases increasing resistance and repetition Initiate plyotoss chest pass Initiate PNF patterns with theraband Initiate IR/ER exercises at 90° abduction Initiate isokinetic IR/ER at neutral at wk 10-12</p> <p><b>MODALITIES</b></p> <p>Ice 15-20 minutes</p>	Full ROM 10-12 wk

**GOALS OF PHASE:**

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

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**Phase 4: Week 12-24**  
**SLAP Repair**  
**Dr. Robert Klitzman**

**WEEK**

**EXERCISE**

12-24

**ROM**

Continue with all ROM activities from previous phases  
Posterior capsule stretching  
Towel stretching  
Grade III-IV joint mobs as needed for full ROM

**STRENGTH**

Progress strengthening program with increase in resistance and high speed repetition  
Progress with eccentric strengthening of posterior cuff and scapular musculature  
Initiate single arm plyotoss  
Progress rhythmic stabilization activities to include standing PNF patterns with tubing  
UBE for strength and endurance  
Initiate military press, bench press, lat pulldowns  
Initiate sport specific drills and functional activities  
Initiate interval throwing program week 16  
Initiate light plyometric program week 12-16  
Progress isokinetics to 90° abduction at high speeds

**MODALITIES**

Ice 15-20 minutes

**GOALS OF PHASE:**

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training