SLAP Repair Protocol

PHASE I: Protection Phase (0-6 weeks)

Goals for Phase 1

- Protect surgical shoulder
- Pain control
- Edema management
- Prevent shoulder hypomobility – focus on posterior shoulder flexibility and minimizing IR and horizontal adduction loss

Precautions

- Sling immobilization for 6 weeks
- No shoulder AROM
- No isolated biceps contraction
- No passive or forceful movements into shoulder ER, extension and horizontal abduction

Therapeutic Interventions:

Shoulder PROM

- **Scaption**
  0-4 weeks: 90 degrees
  (Short lever to reduce tension on long biceps head)
  4-6 weeks: 140 degrees
- **ER**
  0-4 weeks: 0 degrees, arm at side
  4-6 weeks: 50 degrees, arm at side OR in slight abduction (for overhead throwers only)
- **IR**
  0-4 weeks: 35 degrees, arm at side
  4-6 weeks: 60 degrees at 45 degrees abduction

Exercises:

- Arm hangs
- Wrist and hand AROM
  - Gripping exercises (ball, sponge)
- Elbow/forearm PROM
  - Progressing to AAROM at 4 weeks if biceps tenodesis was done
- Cervical and thoracic spine mobility exercises / stretches
- Scapular retraction / clocks

Gentle, scar tissue mobilization
Desensitization of the axillary nerve distribution as needed
Modalities as needed: cryotherapy, e-stim

* If rotator cuff repair was completed with SLAP repair, please follow the RCR protocol with SLAP protocol PROM restrictions.

PHASE II: Restoring Motion (6-8 weeks)

Goals for Phase 2

- Discontinue use / wean from immobilization sling
- Pain management / edema control
- Obtain full PROM of shoulder, initiate AAROM
- Initiate scapular stabilization exercises
- Initiate light biceps activation A/AAROM

Precautions

- Avoid forceful progression of motion
- Avoid any aggravating activity
- Avoid resisted bicep activity to protect healing of the biceps anchor until status post 12 weeks

Therapeutic Interventions:

Continue PROM → AAROM

- **Scaption**
  6-8 weeks: 160 degrees
- **ER**
  Gradually increase by up to 10 degrees per week
  80 degrees with arm at side, then slowly working into 90 degrees abduction
- **IR**
  80 degrees at 45 degrees abduction, gradually progressing to 90 degrees abduction to prevent posterior capsule tightness (go slow and avoid aggressive end ROM in abduction)

AAROM exercises

- Pulleys, table slides, wall climbs, dowel exercises

Arm bike

Joint mobilizations

- Posterior capsule, scapular, SC / AC joints, cervical / thoracic spine

Scar tissue mobilization

Shoulder submaximal isometrics

- IR / ER / abduction

Initiation of proprioceptive/rhythmic stabilization exercises

Core strengthening

Cardiovascular component

- biking, walking

Modalities as needed

- cryotherapy, e-stim

PHASE III: Active Range of Motion (8-12 weeks)

Goals for Phase 3:

- Obtain full AROM without compensation

Precautions:

- Avoid resisted bicep activity to protect healing of the biceps anchor until status post 12 weeks.
- Avoid IR stretching with combined extension as this

increases the strain to anterior capsule

Therapeutic Interventions:

- Shoulder AROM
- Supine, side lying, prone, reclined, seated, etc. to reduce strain on biceps
- Scaption and abduction 180 degrees
- ER 90 degrees at 90 degrees abduction
- IR 80 degrees at 90 degrees abduction

10 weeks: may initiate submaximal elbow flexion / extension isometrics

- Arm bike
- Shoulder circles / ABCs
- Gentle posterior capsule stretching
    - Sleeper stretch, across chest horizontal adduction stretch
- Joint mobilizations
    - Posterior capsule, scapulothoracic, SC / AC joints, cervical / thoracic spine
- Scapular stabilization exercises
- Rotator cuff strengthening in neutral (i.e. sidelying ER, IR / ER theraband)
- Periscapular strengthening
- Serratus press
- Prone shoulder exercises
    - Extension to neutral, rows, horizontal abduction
- Standing theraband shoulder extension, rows
- Core strengthening
- Cardiovascular component
- Biking walking

PHASE IV: Strengthening (12-16 weeks)

Goals for Phase 4:

- Full shoulder AROM without compensation
- Strength 5/5 for all motions

Precautions:

- No swimming, throwing, overhead sports
- Keep activity at non- provocative
- intensities

Therapeutic Interventions:

May initiate elbow flexion / extension strengthening
Begin strengthening IR / ER through motion up to 90 degrees abduction
Progress from cardinal plane strengthening into multidirectional strengthening

- PNF

Initiate closed-chained strengthening exercises

- UE weight bearing through raised mat table
- Incline against wall
- Progress to lower incline until quadruped on floor
- Quadruped to plank position on floor, progress double arm to single arm

Continue neurodynamic / plyometric strengthening Emphasize eccentric strengthening
Core strengthening
Cardiovascular component
biking, walking, elliptical, running

PHASE V: Advanced Strengthening (16+ weeks)

Goals for Phase 5:

- Full shoulder ROM
- Shoulder strength 5/5 for all motions
- Transition to work conditioning as appropriate
- Initiate sports type motions / intensities / velocities

Precautions:

- Keep activity at non-provocative intensities

Therapeutic Interventions:

May initiate return to throwing protocol and sport-specific activities
Increase intensity, velocity, and power to meet patient's goals

Criteria to Return to Sport:

- Isokinetic ER/IR < 10% deficit (compared to unaffected side)
- No or minimal compensatory shoulder elevation (shrugging) with active movement
- 0/10 pain
- 60-second plank on hands without scapular winging
- UE Y balance test 80% limb length for all three reaches (cross body, scaption, extension)
- Throwing athletes (refer to Thrower's Program)

PHASE VI: Return to Activity/Sport (6-9 months)

- Gradually progress to unrestricted participation in contact sports
- Continue stretching/strengthening

This protocol was updated and reviewed by XXX of Orthopedics & Sports Medicine BayCare Clinic Manitowoc on XXX.

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