

## SLAP Lesion

The following is a guideline for the post-operative rehabilitation of an individual who has underwent a SLAP Lesion repair. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation please don't hesitate to call our office.

MAJOR OBJECTIVES for this rehabilitation are:

1. Avoid compression and shear forces on the labrum.  
\*\*\* Every caution must be taken to avoid causing a shearing force on the repaired labrum.
2. Avoid forces through the biceps muscle at the shoulder and elbow.
3. Achieve full passive range of motion by week 4.
4. Achieve adequate muscle control and strength to return to full activities.
5. ALWAYS stabilize the scapula when performing strength exercises.
6. ALWAYS have the patient perform 3-5 home exercises based on their most current needs to assist their recovery.

Day 1 through Week 1

1. Use sling at all times except for passive range of motion exercises.
2. Modalities as needed.
3. AROM of cervical spine, wrist, and hand.
4. PROM of the elbow utilizing the opposite hand.
5. IN SLING. Gentle pendulum exercises in flexion/extension and abduction/adduction. NO emphasis on gaining motion. Purpose of the exercise is to stimulate nutrition to the healing area and reduce sensation and stiffness.

Week 2 through Week 3

1. Above program as needed.
2. Gentle pendulum exercises in flexion/extension and abduction/adduction. NO emphasis on gaining motion. Purpose of the exercise is to stimulate nutrition to the healing area and reduce sensation of stiffness.
3. PROM:
  - Elevation
  - ER at 45 degrees of abduction in scapular plane
  - IR at 45 degrees of abduction in scapular plane
4. AROM of elbow for normal ADL's. NO lifting of any objects.
5. AAROM with a pulley for flexion/extension/abduction. Begin at 90 degrees and progress a little every day so that full range of motion is achieved by week 4.
6. Active scapulothoracic exercises as tolerated. Maintain the humerus in neutral.

Week 4 through Week 5

1. Above program as needed.

2. Discontinue the sling.
3. Continue with PROM and AAROM as needed.
4. Resistive scapulothoracic exercises as tolerated, maintain the humerus in neutral.
5. Gentle cross body adduction stretch for the posterior capsule.
6. Pain-free isometrics for ER, IR, extension and adduction. Progress from sub-maximal to maximal resistance. Exercises should be performed with a towel roll/pillow between the trunk and arm with the humerus in the scapular plane and the elbow held with the opposite hand in flexion (Weeks 3-4)
7. Wrist and hand isotonic. Keep elbow in flexion at all times.

#### Week 6 through Week 7

1. Above program as needed.
2. Theratubes, therapeutic exercise, and PRE's for scapular stabilizers and posterior shoulder girdle.
3. Theratube and/or PRE program for the rotator cuff and deltoid:
  - Sub-maximal work loads
  - All strengthening exercises should be done with proper scapular stabilization.
  - ER/IR in scapular plane with slight abduction.
  - Deltoid work to 90 degrees.
4. Rhythmic stabilization of glenohumeral joint for ER/IR with arm supported in scapular plane. Sub-maximal with scapular stabilization.

#### Week 8 through Week 11

1. Above program as needed.
2. Increase strengthening exercises to maximal workloads by Week 12.
3. Begin light PRE's for elbow extension/flexion.
4. Manual resistance for all motions
  - Emphasize scapular stabilization with all exercises.
  - Progress to sub-max to max resistance.
  - Progress to full-arc motions and PNF patterns as tolerated.
5. Dynamic stability exercises as indicated (Bodyblade or BOING) Begin in the scapular plane and progress to more provocative positions as tolerated.

#### Week 12 through Week 17

1. Above program as needed.
2. Maximal loads for all strengthening exercises.
3. Moderate velocity functional activities:
  - Throwers: toss 40 feet at 16 weeks.
  - Racquet sports: Phantom ground strokes at 16 weeks.

#### Week 18 through return to full activity

1. Above program as needed.
2. Increase functional activities as tolerated
3. Full return to pre-injury levels may require 12 to 18 months.