

SLAP Repair

Phase 1 – Maximum Protection

Weeks 0 to 2

- Wear sling at all times
- No glenohumeral joint (GHJ) range of motion for 2 weeks

Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Postural education

Exercise Progression:

- No GHJ ROM for 2 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM (gripping exercises)
- Elbow flexion PROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase 2 – Passive Range of Motion

Weeks 2 to 4

- Wear sling at all times
- Initiate PROM at shoulder at 2 weeks
 - No shoulder extension with elbow extension
 - No shoulder external rotation at 90 degrees abduction

Goals:

- Postural education with cervical spine and neutral scapular positioning
- Shoulder PROM
 - Flexion to 120 degrees by week 4
 - Abduction and scaption to 90 degrees by week 4
 - Internal rotation 0-30 degrees at 45 degrees abduction by week 4
 - External rotation 0-30 degrees at 45 degrees abduction by week 4

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex

Exercise Progression:

- PROM shoulder exercises
- AAROM/AROM exercises of wrist, hand, and elbow
- DNF and proper postural positioning with shoulder retraction
- Shoulder pendulums
- Low to moderate intensity cardiovascular work (walking or stationary bike)

Phase 3 – Active/Active Assisted Range of Motion

Weeks 4 to 6

- Discontinue sling at 4 weeks
- Continue PROM
- Initiate AAROM and AROM at shoulder
- Initiate submaximal isometrics

Goals:

- Shoulder PROM:
 - Progress ROM as tolerated in all directions

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Submaximal therapist directed isometrics in all directions

Exercise Progression:

- AAROM and AROM exercises – cane, pulleys
- Manual perturbations with arm at 90 degrees flexion and ER/IR in neutral
- Initiate posterior capsular stretching at 4 weeks
- Serratus activation
- Scapular strengthening – prone scapular series (rows)
- Submaximal isometrics in all directions (pain-free)
- Sidelying external rotation with no weight
- Low to moderate intensity cardiovascular work
- Modified lower body exercises (no weight through upper extremities)

Phase 4 – Progressing Range of Motion and Strengthening

Weeks 6 to 12

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics

- Begin light resistive exercises

Goals:

- Shoulder PROM full in all directions week 10

Manual Therapy:

- PROM and mobilization to progress ROM
- Manual perturbations in supine with arm in 90 degrees flexion and ER/IR at neutral
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening – bilateral progressing to unilateral/tripod position

Exercise Progression:

- Initiate UE bike
- Initiate light strengthening, including biceps, at 6 weeks
 - Avoid positions that stress the anterior capsule
 - Biceps strengthening – slowly progress load
- Progress serratus punches and prone series by adding resistance as tolerated
- Initiate closed kinetic chain progression with ½ to ¾ range of motion protecting anterior shoulder capsule
- Progress shoulder exercises to prepare for plyometrics
- Able to progress to elliptical for cardiovascular health at 6 weeks
- Able to progress to running at 8 weeks per tolerance

Phase 5 – Advance Strengthening and Plyometric Drills

Weeks 12 to 24

- Full ROM with protection at end range 90/90
- Initiate plyometric drills at 12 weeks post op
- Initiate overhead throwing program at 4 months post op
- Follow up examination with physician at 6 months for release to full activity

Goals:

- Full range of motion with protection at end range 90/90
- Advance gym strengthening program
- Initiate plyometric exercises at 12 weeks
- Initiate interval throwing program for athletes at 4 months

Manual Therapy:

- STM and joint mobilization to glenohumeral, scapulothoracic, and cervicothoracic as needed

- Manual perturbations
- PNF patterns

Exercise Progression:

- Full ROM in all planes with protected end range 90/90
- Progress rotator cuff and scapular strengthening program
- Advance gym strengthening program maintaining anterior shoulder precautions
- Initiate pressing and chest fly exercises at 16 weeks maintain anterior shoulder precautions
- Initiate plyometric and rebounder drills progressing to 1-hand drills by week 16

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval throwing program

Anticipated return to sports:

- 4.5-6 months for contact athlete
- 6-9 months for throwing athlete, swimmer, or volleyball player