

SLAP Lesion Type II Repair Rehabilitation Program

The GLSM SLAP Type II Repair Rehabilitation Program is an evidence-based and soft tissue healing dependent program allowing patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-3 weeks	(Immediate post-op maximum protected motion phase)
Goals	<ul style="list-style-type: none"> • Protect anatomic repair • Prevent negative effects of immobilization • Diminish pain and inflammation • Gently begin AAROM per tolerance
Slings	<ul style="list-style-type: none"> • 24 hours/day for 3-6 weeks. • D/C per MD approval
Precautions	<ul style="list-style-type: none"> • No behind the back movements (avoid combined ext/add/IR) • No lifting or carrying of objects • No AROM for shoulder flexion, abd, or scaption until 4 wks. • No AROM for IR/ER until sling removed • No isolated resisted biceps contraction (elbow flexion or supination) for 6 wks • Avoid CKC exercises for 8 wks to minimize compression/shear forces
Recommendations	<ul style="list-style-type: none"> • Remove sling 3x/day for AAROM • Ice 15 minutes 3-5x/day if needed
PROM / AAROM Goals	<ul style="list-style-type: none"> • Initiate AAROM at 1 wk post-op. Gradually progress based on tolerance with goals to be met by 3 wks including: <ul style="list-style-type: none"> - 90° of scaption/flexion - 15° of ER and 45° of composite IR in scapular plane (initiate in seated position and progress to supine per pt comfort)
Immediate post-op exercises	<ul style="list-style-type: none"> • AROM for cervical spine, elbow, wrist, hand • Gripping activities without lifting
Exercises to initiate at 1 wk post-op	<ul style="list-style-type: none"> • Patient will primarily be doing a HEP with sling removed 3x/day for AAROM. • Codman's without weight • AAROM (guidelines listed above) • Sub-max pain-free isometric shld flexion, abd, extension, and ER/IR in scapular plane • Active scapular retraction
Phase II: 4-6 weeks	(Intermediate moderate protection phase)
Goals	<ul style="list-style-type: none"> • Protect anatomic repair • Prevent negative effects of immobilization • Diminish pain and inflammation • Gently progress AAROM per tolerance. Initiate AROM for scap/flex/abd
Slings	<ul style="list-style-type: none"> • D/C per MD approval
Precautions	<ul style="list-style-type: none"> • No lifting or carrying objects • Avoid behind the back movements • No isolated resisted biceps contraction (elbow flexion or supination) for 6 wks • Avoid CKC to minimize compression/shear forces for 8 wks
Recommendations	<ul style="list-style-type: none"> • Treatment emphasis on restoring PROM/AAROM/AROM based on guidelines provided below. • Patient can perform ADL's below shoulder height • Core stability and low-impact CV conditioning per patient request and MD approval
ROM for flexion/scaption/abduction	<ul style="list-style-type: none"> • Continue with gentle PROM/AAROM • Initiate AROM at 4 wk post-op with limit of 90° until Phase III • Goals for PROM/AAROM are as follows: <ul style="list-style-type: none"> 4wks: 0-90° 5 wks: 0-120° 6 wks: 0-140°

ROM for IR/ER:	<ul style="list-style-type: none"> Continue with gentle PROM/AAROM/AROM. Progress to 45° of abduction at wk 4, to 60° of abduction at 5 wks, to 90° of abduction at 6 wks Goals for PROM/AAROM are as follows <ul style="list-style-type: none"> 4 wks: ER 0-30°, IR 0-60° in scapular plane 6 wks: ER 0-50°, IR 0-60° at 60° of abduction
Interventions for wk 4:	<ul style="list-style-type: none"> Active warm-up: Codman's, UBE at 5 wks Prolonged end-range stretch if necessary Mobilizations / PROM / AAROM / AROM based on guidelines Therapeutic exercises: <ul style="list-style-type: none"> Active scapular retraction Shoulder isometrics Proprioceptive / neuromuscular control activities: <ul style="list-style-type: none"> Sub-max rhythmic stabilizations in supine scapular plane for ER/IR, flexion /extension to facilitate co-contraction Ice 15 minutes 3-5x/day, electric stimulation (IFC or NMES) if necessary
Additional interventions starting at wk 5:	<ul style="list-style-type: none"> Continue to improve PROM, AAROM, AROM Biofeedback to inhibit compensatory shoulder shrug Scapulothoracic strengthening: Supine protraction, rows with avoidance of extension past neutral, prone horizontal abduction in neutral rotation
Phase III: 6-12 weeks	(Minimal protection phase)
Goals	<ul style="list-style-type: none"> Preserve the integrity of the surgical repair Restore full ROM Restore muscle strength and balance Initiate gentle biceps resistance
Precautions	<ul style="list-style-type: none"> Avoid CKC until 8 weeks to minimize compression/shear forces Gradual return to activity depending on function requirements and MD approval
Recommendations	<ul style="list-style-type: none"> Emphasis on return of full ROM and initiating gentle strengthening Assess posterior capsule for tightness Strengthen using uni-planar movement and progress to multi-planar Emphasize scapular stabilization and rotator cuff strengthening Continue with core stability and CV endurance
ROM Goals:	<ul style="list-style-type: none"> PROM/AAROM: full motion in all planes by 10 wks. Limit ER to <90° in 90/90 position until wk 9 AROM: full in all planes by 12 weeks including ER in 90/90 position
Interventions: (Examples of exercises but not an all-inclusive list)	<ul style="list-style-type: none"> Active warm-up: UBE, rower (avoid extension beyond neutral until 8 wks) Prolonged end-range stretch and accessory mobilizations if necessary Scapulothoracic strengthening: supine protraction press or chest press (+), rows in full ROM, prone horizontal abduction in neutral rotation, scaption Glenohumeral strengthening: Sidelying ER, forward flexion, isotonic IR/ER in scapular plane, isokinetic IR/ER in scapular plane Total arm strengthening: Triceps extensions, biceps curls (light resistance with reps of 15 with gradual progression) Proprioceptive/Kinesthesia activities: rhythmic stabilizations, alternating isometrics, body blade Cryotherapy, electrical stimulation, and biofeedback, and if necessary

Additional interventions starting at wk 8:	<ul style="list-style-type: none"> • Start CKC exercises: quadruped (ie: euroglide, cuff link, wall push-ups, partial prone walk-outs) • Lateral pull downs to chest • Biceps curls moderate resistance with reps of 8-10
Additional interventions starting at wk 10-12	<ul style="list-style-type: none"> • Progress strengthening depending on functional demands (ex: athlete or overhead laborer) • Full prone walk-out • 2 handed plyometrics with < full body weight • PNF patterns
Phase IV: 12 + weeks	(Advanced strengthening phase)
Goals	<ul style="list-style-type: none"> • Establish and maintain full ROM, mobility, and stability • Progress muscular strength, power, and endurance • Initiate higher level activities depending on functional demands and MD approval
Interventions	<ul style="list-style-type: none"> • Continue and progress program initiated in Phase III • Initiate single arm plyometrics if needed • Progress to 90/90 strengthening for IR/ER
Isokinetic IR/ER testing	<ul style="list-style-type: none"> • Wk 16-20 at 30/30/30 position or 90/90 (if appropriate)
Return to work/sport	<ul style="list-style-type: none"> • Based on MD approval, full ROM, minimal pain at rest or with activity, isokinetic strength and functional testing at 90 % compared to uninvolved side • 5-6 months: Return to interval throwing program per MD approval

Updated 3/2006



SLAP Type II Repair References

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