

SLAP Repair

Outpatient Protocol/Guidelines

Surgeon must request on the referral if they feel acceleration to this protocol is appropriate for a patient.

Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I (0-4 weeks)	Phase II (Weeks 4-6)	Phase III (Weeks 6-12/discharge)
<p style="text-align: center;">EDUCATE</p> <ul style="list-style-type: none"> • Self-Care/Hygiene • Home ice use • Protection (sleeping, posture, sling use up to 4 weeks) • Warning signs (fever, redness, severe swelling, or pain) • Sleep with pillow support to avoid extension • Avoid excessive shoulder hyperextension/Anterior capsule stretch <p style="text-align: center;">RESTRICTIONS</p> <ul style="list-style-type: none"> • No active elbow flex or supination and humeral head depression until week 6 <p style="text-align: center;">PROM GUIDELINES</p> <ul style="list-style-type: none"> • FLEX 0-120° (open repair) 0-100° (arthroscopic) • ABD: as tolerated < 45° • ER: 0-30° • IR: as tolerated <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Pendulums • AROM: wrist, hand • Passive table-slide FF • PROM → AAROM • Dowel all planes (within ROM limitations) • Scapular exercises (excluding prone) • Submaximal and pain-free isometrics at 90 degrees elbow flexion – no shoulder flexion 	<p style="text-align: center;">PROM GUIDELINES</p> <ul style="list-style-type: none"> • FLEX: 0-120° • ABD: as tolerated < 90° • ER*: 0-50° at 6 weeks (scaption plane) • IR: as tolerated <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Continue with Phase I exercises as needed • AAROM → AROM • AAROM with pulley and/or wand assistance • Sidelying active ER • Progress scapular stability exercises (pro/retraction, pinches, rolls) • Rhythmic stabilization at 90 degrees Flexion 	<p style="text-align: center;">PROM GUIDELINES</p> <ul style="list-style-type: none"> • FLEX: 0-140° • ABD: as tolerated < 120° • ER: as tolerated • IR: as tolerated <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Increase intensity of isometrics • AROM all planes – begin supine, progressing to sitting/standing • UBE to tolerance <p style="text-align: center;">Week 6</p> <ul style="list-style-type: none"> • Advance scapular exercises (closed chain, rows, pull backs/downs, punches) • PREs to tolerance for all motions • IR/ER exercises at 90° • Proprioceptive, strength, and stabilization, plyometrics training at therapist discretion • Serratus anterior and mid-low trapezius specific scapular exercises <p style="text-align: center;">RETURN TO SPORTS</p> <p>Consider referral to sports specific rehab therapist if patient is returning to sport.</p>
<p style="text-align: center;">General Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protect surgical repair <input type="checkbox"/> Control swelling & pain <input type="checkbox"/> Maintain regional joint mobility 	<p style="text-align: center;">General Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates independence with home program <input type="checkbox"/> Gradual increase in ROM 	<p style="text-align: center;">General Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates independence with progressions to home program <input type="checkbox"/> Progress AROM <input type="checkbox"/> Improve neuromuscular control, strength

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REFERENCES

Wilk KE, Macrina L, Cain E., The recognition and treatment of superior labral (SLAP) lesions in the overhead athlete. *Int J Sports Phys Ther.* 2013 Oct; 8(5): 579-600.

Gartsman GM, Hammerman SM. Superior labrum, anterior and posterior lesions. When and how to treat them. *Clin Sports Med.* 2000; 19(1):115-24

Wilk KE, Meister K, Andrews JR. Current concepts in the rehabilitation of the overhead throwing athlete. *Am J Sports Med.* 2002;30(1):136-51