
SLAP Rehabilitation Protocol

The following are guidelines for the post-operative rehabilitation of an individual who had underwent a SLAP 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:

- Need to protect surgical repair for first 6 weeks to allow for soft tissue healing.
- Avoid resisted elbow flexion for first 6 weeks to allow for soft tissue healing.
- Avoid compression and shear forces on the labrum.
- Achieve full PROM by week 4.
- Achieve adequate muscle control and strength to return to full activities.
- Rehab to focus on scapular stabilization, upper extremity neuromuscular control, and gaining at least symmetrical passive internal rotation (180° concept).

Maximal Protection Phase

0-2 weeks

- Sling at all times including sleeping
- No active shoulder ROM
- AROM of cervical spine, wrist and hand
- PROM of the elbow utilizing the opposite hand
- Postural and scapular exercises in sling
- Modalities as necessary

Controlled Activity Phase

2-6 weeks

- Progress out of sling for daily activities and sleeping at 4 weeks
- PROM
 - Forward flexion/elevation and internal rotation to tolerance
 - External rotation to neutral with arm at side
- AAROM
 - Forward flexion/elevation to tolerance

- External rotation to neutral with arm at side
- Scapular stabilization exercises
 - Follow above ROM restrictions
 - Include scapular PNF
 - No shrugs
- Rhythmic stabilization exercises (slow reversal hold progressing to multidirectional)
- Precautions
 - No combined abduction and external rotation
 - No resisted elbow flexion
 - Avoid external rotation past neutral

Return to Activity/Sports

6 weeks to 6 months

- PROM
 - Progress PROM focusing on gaining full flexion/elevation
 - Internal rotation PROM to uninvolved shoulder
 - To include side lying internal rotation stretches and posterior joint mobilization
- Scapular stabilization
 - Focus on scapular stabilization exercises
 - Progress as tolerated while limiting external rotation
- Strengthening
 - Initiate rotator cuff and shoulder strengthening
 - Initiate PNF exercises as indicated
 - Progress to general upper body strengthening
- Proprioception/neuromuscular control
 - Progress rhythmic stabilization exercises as indicated
 - Initiate Body Blade, plyometric trampoline, and weight bearing exercises once patient has near full AROM and at least 4+/5 strength

Return to Sports

- No heavy lifting, contact/ballistic activities, or throwing until at least 3 months
- Throwing program can be initiated at 3 months if patient has full ROM and strength, symmetrical internal rotation PROM, and no symptoms with high level plyometric/neuromuscular control exercises
- Patient may return to competitive sports, including contact sports, by 6 months if approved by physician