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	• Protect anatomic repair • Prevent negative effects of immobilization • Diminish pain and inflammation • Gently begin AAROM per tolerance
Sling	• 24 hours/day for 3-6 weeks. • D/C per MD approval
Precautions	• 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	• Remove sling 3x/day for AAROM • Ice 15 minutes 3-5x/day if needed
PROM / AAROM Goals	• Initiate AAROM at 1 wk post-op. Gradually progress based on tolerance with goals to be met by 3 wks including: - 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	• AROM for cervical spine, elbow, wrist, hand • Gripping activities without lifting
Exercises to initiate at 1 wk post-op	• 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	• Protect anatomic repair • Prevent negative effects of immobilization • Diminish pain and inflammation • Gently progress AAROM per tolerance. Initiate AROM for scap/flex/abd
Sling	• D/C per MD approval
Precautions	• 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	• 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	• 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: 4wks: 0-90° 5 wks: 0-120° 6 wks: 0-140°
ROM for IR/ER:	• 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 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:	• Active warm-up: Codman's, UBE at 5 wks • Prolonged end-range stretch if necessary • Mobilizations / PROM / AAROM / AROM based on guidelines • Therapeutic exercises: Active scapular retraction Shoulder isometrics • Proprioceptive / neuromuscular control activities: 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:	• 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	• Preserve the integrity of the surgical repair • Restore full ROM • Restore muscle strength and balance • Initiate gentle biceps resistance
Precautions	• Avoid CKC until 8 weeks to minimize compression/shear forces • Gradual return to activity depending on function requirements and MD approval
Recommendations	• 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:	• 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)	• 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:	• 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	• 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	• Establish and maintain full ROM, mobility, and stability • Progress muscular strength, power, and endurance • Initiate higher level activates depending on functional demands and MD approval
Interventions	• 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	• Wk 16-20 at 30/30/30 position or 90/90 (if appropriate)
Return to work/sport	• 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

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SLAP Type II Repair References

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