

VCU Sports Medicine Clinic
Superior labral tear from anterior to posterior (SLAP) repair protocol

This protocol is designed to serve as a patient guide to rehabilitation following a SLAP repair procedure. Time frames allow for optimal healing, and should be used as criteria for advancement along with a patient's functional ability.

Phase I — protective (weeks 0-6)

Goals

1. Protect repair; educate patient regarding postoperative precautions
2. Begin limited passive range of motion progressing to full at end of phase
3. Independent with home exercises
4. Decrease pain and inflammatory response

Precautions

1. Wear sling at all times for four weeks except during therapy/home exercise program
2. No external rotation past 30 degrees or extension past neutral; no stretching for external rotation
3. Passive range of motion to 90 degrees only for flexion and abduction in scapular plane for three weeks

Exercises (week 1-3)

1. Initiate scapula retraction/scapular awareness
2. Passive range of motion flexion and abduction in scapular plane 0-90 degrees; internal rotations as tolerated; avoid extension beyond neutral for three weeks
3. Initiate cervical spine, elbow, wrist and hand active range of motion
4. Modalities as needed for pain

Exercises (weeks 3-6)

1. Progress to full passive range of motion in all planes except external rotations
2. Initiate active assistive range of motion utilizing pulley, T-bar, table slides, etc.
3. Manual scapular strengthening
4. Proprioception and kinesthetic awareness
5. Trunk stabilization
6. Aquatic exercises for active assistive range of motion, active range of motion

Phase II — progressive strengthening (weeks 6-10)

Goals

1. Eliminate shoulder pain
2. Achieve full range of motion
3. Improve strength
4. Improve proprioception
5. Assure normal scapulohumeral rhythm

Precautions

Use exercise bands only for first four weeks of strengthening (no free weights)

Exercises (weeks 6-8)

1. Continue passive range of motion to within normal limits
2. Initiate external rotation at 90 degrees of abduction as needed

3. Exercise band strengthening of scapula and shoulder
4. Light proprioceptive neuromuscular facilitation (PNF); D1, D2 and manual
5. Closed chain exercise as tolerated
6. Initiate proprioception and kinesthetic awareness drills

Exercises (weeks 8-10)

1. Full range of motion (if not achieved, then aggressive passive range of motion for elevation and internal rotation); if full range of motion, then stretch as needed to maintain mobility
2. Aggressive scapula strengthening
3. Eccentric and concentric posterior cuff

Phase III — functional return (weeks 10-16)

Goals

1. Full active range of motion in all planes
2. Minimal to no shoulder pain with moderate strength to demanding activities of daily life
3. Improved rotator cuff and scapulothoracic strength; may begin adding free weights to program as indicated
4. Normal scapulohumeral rhythm with active motions

Precautions

No sports for three to four months; only released per surgeon's discretion

Exercises

1. Continue stretching as needed and strengthening as above
2. Light plyometric/medicine ball program if appropriate
3. Initiate progressive replication of moderate to demanding activities of daily life/work