Arthroscopic SLAP Repair Type II, III, IV

Progression is dependent on quality of repair/tissue. Physician may have additional limitations.
*It is the treating therapist’s responsibility along with the referring physician’s guidance to determine the actual progression of the patient within the protocol guidelines

### Phase 1: (Day 1 to week 6)

**Type I SLAP lesion**- consist of degenerative fraying of the superior labrum but the biceps attachment to the labrum is intact. The biceps anchor is intact.

**Type II SLAP lesion**- are created when the biceps anchor has pulled away from the glenoid attachment

**Type III SLAP lesion** – involve a bucket-handle tear of the superior labrum with an intact biceps anchor.

**Type IV SLAP**- lesions involve a bucket-handle tear of the superior labrum in which the tear extends into the bicep tendon. The torn biceps tendon and labrum are displaced into the joint.

### Goals of Phase 1:
- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

### Weeks 0-2

Sling for 4 weeks
Sleep in an immobilizer for 4 weeks

**No isolated biceps contractions (no active elbow flexion)**

Wrist and hand AROM/AAROM
Hand gripping exercises

Passive and gentle active-assisted ROM exercise
- Flexion to 60° in the plane of the scapula (week 2: flexion to 75°)
- External and internal rotation with the arm in the scapular plane
  - External rotation to 10-15°
  - Internal rotation to 35°

Web: [CPHospital.org](http://CPHospital.org)
No active external rotation, extension or abduction

Active scapular retraction

Cryotherapy, modalities as indicated

Weeks 3-4

Discontinue use of the sling at 4 weeks

Continue gentle PROM/AAROM exercises (Rate of progression based on patient’s tolerance)

- Flexion in the plane of the scapula to 90°
- Abduction to 75-85°
- External rotation in the scapular plane to 25-30°
- Internal rotation in the scapular plane to 45°

- NO AROM ER, extension or elevation

Initiate proprioceptive training within above ROM

Begin submaximal isometrics except elbow flexion

Continue use of cryotherapy

Weeks 5-6

Begin AROM elbow flexion and elbow extension-NO biceps strengthening

Gradually improve ROM (PROM/AAROM)

- Flexion to 120°at 5 weeks and 145° at 6 weeks
- External rotation at 45°abduction: 45-50°
- Internal rotation at 45°abduction: 55-60°
- Abduction to 90°week 5 and abduction to 120°at 6 weeks

May initiate AROM of shoulder (all planes, gravity eliminated positions then gravity resisted position once adequate mechanics)

Initiate prone rowing exercise program for peri-scapular musculature

Phase 2: Week 7-14

Goals for Phase 2:

- Gradually restore full AROM and PROM(week 10)
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance
Weeks 7-9
Gradually progress PROM/AAROM/AROM
- Flexion in the plane of the scapula, and abduction to 180°
- External rotation to 90° abduction: 90°
- Internal rotation at 90 ° abduction: 70-75°
- Extension to tolerance at 8 weeks
Begin light isotonic rotator cuff, peri-scapular and shoulder strengthening program
- Initiate IR/ER at neutral with tubing
- Initiate forward flexion, scaption, empty can
- Initiate side lying ER and Triceps strengthening
- Prone horizontal abduction
- Shoulder shrugs with resistance
- Supine punches with resistance
- Initiate UBE for endurance
- Prone Rows (avoid extension beyond neutral until 8 weeks)
- Type II and III: begin sub maximal pain free biceps isometric
- Type IV and complex repairs: continue AROM elbow flexion and extension, no biceps isometric or isotonic strengthening

Weeks 10-14
Gradually progress strengthening
PNF patterns
Continue all stretching exercises as needed to maintain ROM
Type II repairs: begin gentle resisted biceps isotonic strengthening @ wk 12
Type IV, and complex repairs: begin gentle sub maximal pain free biceps isometrics

Phase 3: Week 14-20

Criteria for progression to Phase 3
Full non painful ROM
Satisfactory stability
No pain or tenderness
Goals for Phase 3:

- Establish and maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional activities

Weeks 14-20

Continue all stretching exercises (capsular stretches)
Endurance training
Initiate light plyometric program
Initiate PNF patterns with thera-band
Type II repairs: progress isotonic biceps strengthening as appropriate
Type IV, and complex repairs: progress to isotonic biceps strengthening as appropriate
Restricted sports activities (light swimming, half golf swings)

Phase 4: Week 20-25

Goal for phase 4:

- Full ROM
- Maximize UE strength and endurance
- Maximize neuromuscular control
- Initiate sport specific training/functional rehab

Weeks 20-26

Gradually progress sport activities to unrestricted participation (once approved by MD)
Continue flexibility exercises
Continue isotonic strengthening program
Plyometric strengthening

References:

2. Gunderson Lutheran Medical Center, INC. SLAP TYPE II Repair Rehabilitation Program.
3. Brigham and Women's Hospital Arthroscopic Labral Repair (types II/IV and complex tears protocol).

Last revised: 10/14