Southern California Orthopedic INSTITUTE

Experience Excellence.

SLAP Lesion Repair Rehabilitation Program

Phase I (post-op until week 4) Protective phase

- Sling use 4 weeks (with activity and sleeping)
- Elbow and hand ROM and hand squeezing exercises
- Passive and gentle active assistive ROM exercises
- Initiate shoulder isometrics and scapulothoracic re-education and stabilization
- Control inflammation and pain
- NO active abduction, extension, or external rotation
- NO isolated bicep activity

Phase II (weeks 4-8) Intermediate phase

Weeks 4-6

- Discontinue sling use at 4 weeks
- Continue with ROM exercises (PROM/AAROM)
- Initiate gentle stretching exercises
- Normalize shoulder and scapulothoracic arthrokinematics
- Continue with isometric strengthening
- Use of pool therapy if possible for ROM and gentle shoulder strengthening

Maintain cardiovascular health using walking, exercise bike

***Progression based upon: AROM = forward flexion 90 degrees +, abduction 70 degrees+, ER in scapular plane 30 degrees, tolerance of current exercises and ADL's, and patient compliance with home exercises and precautions*

Weeks 6-8

- ROM progression
- Initiate joint mobilization (G/H, A/C, S/C, S/T) and posterior capsular stretching
- Transition to land therapy if utilizing pool therapy
- Initiate light strengthening of rotator cuff muscles, scapulothoracic stablilizers (beginning with no resistance and progression to light weights and tubing), sidelying ER and prone strengthening positions, and full can scaption
- Avoid compensatory patterns with strengthening (adjust as necessary with less reps or decreased resistance)
- PNF with light manual resistance and rhythmic stabilization
- Begin light biceps strengthening
- Protect biceps and labral complex repair

Maintain cardiovascular health using walking, exercise bike

Progression based upon: AROM = flexion 160 degree, abduction = 140 degrees, ER in scapular plane to 65 degrees and full IR in scapular plane, symmetrical* ***posterior capsular mobility, progressing shoulder strength and endurance without compensatory movements and minimal pain

Phase III (Weeks 9-14) Strengthening Phase

- Normalize ROM (full flexion, ER at 90 degrees abduction = 90 degrees, IR to 70 degrees)
- Continue to progress isotonic strengthening (scapular stabilizers, rotator cuff musculature, flexion and abduction movements, triceps and biceps)
- UBE for strengthening and endurance with proper scapulothroacic and shoulder positioning *****
- Initiate isokinetic IR and ER in scapular plane
- Closed kinetic chain exercises
- NO isolated biceps strengthening if grade III-IV tear until after 12-14 weeks

Maintain cardiovascular health using walking, exercise bike LE and trunk exercises to be initiated (no bouncing)

******Progression based upon full pain free ROM to functional demands, strength deficits less than 30%, good quality shoulder and scapulothoracic stabilization

Phase IV (Weeks 15-20) Advanced Strengthening Initiation of Sport Activity

- Continue with stretching exercises
- Advanced strengthening (including overhead strengthening, isokinetic ER/IR strengthening at 90 degrees of abduction, increased isotonic training)
- Endurance training
- Rhythmic stabilization in all ranges and positions
- Manual PNF resistance
- Advanced closed kinetic chain exercises
- Begin light restricted sport training
- Initiate plyometric strengthening

Maintain cardiovascular health using walking, exercise bike, consider light jogging, bleachers, LE and trunk exercises to be progressed

***** Progression based upon pain free and full ROM, strength deficits less than 20%, good tolerance to current phase and exercises***

Phase V (Weeks 20-24) Return to Activity or Sport

- Continued stretching exercises
- Continued strengthening and endurance training with isotonic and isokinetic training
- Sport and activity training without restrictions (i.e. Interval Throwing Program)

***Progression based upon pain free tolerance to training, strength deficits less than 10% throughout, completion of training program, and confidence in shoulder*

*** UBE is not to be used with Dr. Auerbach patients.**