Arthroscopic Type II SLAP Repair Rehabilitation Protocol

Phase I

Goals
• Protect the anatomic repair
• Prevent negative effects of immobilization
• Promote dynamic stability
• Diminish pain and inflammation

Day 1 to Week 2
• Sling and abduction pillow for four weeks (may remove for bathing and exercises)
• Elbow/hand passive range of motion
• Hand-gripping exercises (putty or ball)
• Passive and gentle shoulder active assertive range of motion exercises
  • Flexion to 60 degrees (week two: flexion to 75 degrees)
  • Elevation in scapular plane to 60 degrees
  • External rotation/internal rotation with arm in scapular plane
  • External rotation to 10 to 15 degrees
  • Internal rotation to 45 degrees
  Note: No active External rotation or extension or abduction
• Submaximal isometrics for shoulder musculature
• No isolated biceps contractions
• Cryotherapy, modalities as indicated

Week 3 to 4
• Discontinue use of abduction pillow at four weeks
• Wean out of sling between week four to six
• Continue gentle range of motion exercises (passive range of motion and active assertive range of motion)
  • Upper body exercise
  • Flexion to 90 degrees
  • Abduction to 75 to 85 degrees
  • External rotation in scapular plane to 25 to 30 degrees
  • Internal rotation in scapular plane to 55 to 60 degrees
  Note: Rate of progression based on elevation of the patient
• Initiate rhythmic stabilization drills
• Initiate proprioception training
• Continue isometrics
• Continue use of cryotherapy
Note: No active external rotation, extension or elevation
**Weeks 5 to 6**
- Should be out of sling completely by week six
- Gradually improve range of motion
  - Flexion to 145 degrees
  - External rotation at 45 degrees abduction to 45 to 50 degrees
  - Internal rotation at 45 degrees abduction to 55 to 60 degrees
- May initiate stretching exercises
- May initiate light (easy) range of motion at 90 degrees abduction
- Continue tubing external rotation/internal rotation (with towel roll)
- Proprioceptive neuromuscular facilitation manual resistance
- Initiate active shoulder abduction (without resistance)
- Initiate “full can” exercise (weight of arm)
- Initiate rowing, horizontal abduction – all prone
- No biceps strengthening
- May initiate stretching exercises
- May initiate light (easy) range of motion at 90 degrees abduction
- Continue tubing external rotation/internal rotation (with towel roll)
- Proprioceptive neuromuscular facilitation manual resistance
- Initiate active shoulder abduction (without resistance)
- Initiate “full can” exercise (weight of arm)
- Initiate rowing, horizontal abduction – all prone
- No biceps strengthening
- May begin active range of motion biceps

**Phase II**

**Goals**
- Gradually restore full range of motion (week 10)
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance

**Weeks 7 to 9**
- Gradually progress range of motion
  - Flexion to 180 degrees
  - External rotation at 90 degrees abduction to 90 to 95 degrees
  - Internal rotation at 90 degrees abduction to 70 to 75 degrees
- Continue to progress isotonic strengthening program
- Continue proprioceptive neuromuscular facilitation strengthening
- Initiate thrower’s 10 program
- May begin active range of motion biceps

**Weeks 10 to 12**
- May initiate slightly more aggressive strengthening
- Progress external rotation to thrower motion
  - External rotation/internal rotation at 90 degrees abduction to 110 to 115 degrees in throwers
- Progress isotonic strengthening exercises
- Continue all stretching and strengthening exercises
  - Progress range of motion to functional demands (i.e., overhead athlete)

**Phase III**

**Criteria to Enter Phase III**
- Full nonpainful active range of motion
- Satisfactory stability
- Muscular strength (good grade or better)
- No pain or tenderness

**Goals**
- Establish and maintain full passive range of motion and active range of motion
- Improve muscular strength, power and endurance
- Gradually initiate functional activities
Weeks 12 to 16
- Maintain throwers motion (especially external rotation)
- May begin resisted biceps and forearm supination exercises
- Continue strengthening and stretching exercises
  - Throwers 10 program or fundamental exercises
  - PNF manual resistance
  - Endurance training
  - Initiate light plyometric program
  - Restricted sports activities (light swimming, half golf swing)

Weeks 16 to 20
- Continue all exercises listed above
- Continue all stretching
- Continue throwers 10 program
- Continue plyometric program
- Initiate interval sport program (throwing, etc.)

Phase IV
Criteria to Enter Phase IV
- Full nonpainful active range of motion
- Satisfactory static stability
- Muscular strength 75 to 80 percent of contralateral side
- No pain or tenderness

Goals
- Enhance muscular strength, power and endurance
- Progress functional activities
- Maintain shoulder mobility

Weeks 20 to 26
- Continue flexibility exercises
- Continue isotonic strengthening programs
- PNF manual-resistance patterns
- Plyometric strengthening
- Progress to interval sport programs

Phase V
Criteria to Enter Phase V
- Full functional range of motion
- Muscular performance isokinetic (fulfills criteria)
- Satisfactory shoulder stability
- No pain or tenderness

Goals
- Gradual return to sport activities
- Maintain strength, mobility and stability

Exercises
- Gradually progress sport activities to unrestricted participation
- Continue stretching and strengthening program

Helping you achieve the optimal activity level for your lifestyle is my first priority.

- Scott Gudeman, MD

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