



Orthopedic Specialists

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SLAP Repair Protocol

The shoulder is a complex joint that is made up of the ball and socket connection between the humerus (ball) and the glenoid portion of the scapula (socket). The socket portion of the joint is not naturally deep. For this reason the shoulder is the most mobile joint in the body. Due to the lack of bony coverage, the shoulder's proper function and stability is largely dependent on the soft tissues that surround it. The glenoid labrum is a fibrocartilage rim that surrounds the edge of the glenoid fossa (socket). It serves to deepen the socket and provide suction effect on the head of the humerus (ball), thus improving the stability of the naturally shallow joint. The labrum can be damaged or torn in many different ways. When the superior (upper) part of the labrum is torn, it is often termed a SLAP tear. This acronym stands for superior labrum from anterior to posterior. A SLAP tear can happen traumatically or in response to repetitive activity like throwing.

Phase I – Weeks 0-6

Weeks 0-2

Goals:

- Diminish pain
- Promote limited joint motion to prevent negative effects of immobilization while protecting repair and promoting recruitment of the shoulder musculature

Restrictions

- Sling for 4 weeks; sleep in sling for 4 weeks (come out for HEP 2-3 x day)
- Continuous use of cryotherapy/modalities for pain and swelling control
- Wrist and hand ROM/hand gripping exercises
- NO biceps contractions/elbow flexion exercises
- No rotating the arm outward or holding objects in the hand over 2 lbs.

Exercises

- Submaximal, sub-painful deltoid and RC isometrics all directions
- Passive and gentle AAROM exercise in supine
 - Flexion to 60-75° week 1; to 90° week 2
 - Abduction forward of scapular plane to 60°
 - ER to 10°-15° in scapular plane
 - IR to 45° in scapular plane
 - No active Extension, Abduction or ER

Weeks 3-4:

Restrictions:

- Discontinue sling at 4 weeks
- NO biceps strengthening or holding objects in hand over 2 lbs.
- No active extension or elevation, limit ER to restrictions

Exercises

- Continue gentle PROM and AAROM exercises
 - Flexion to 110°
 - Abduction 75°-85°
 - ER in scapular plane to 25°-30°
 - IR in scapular plane to 55°-60°
- Initiate rhythmic stabilization drills and proprioception training
- Continue isometrics and cryotherapy
- Scar massage at week 4 based on patient's tolerance and tissue healing constraints

Week 5-6:

Restrictions:

- NO biceps strengthening

Exercises:

- Gradually improve ROM
 - Flexion to 145°
 - ER at 45° abduction: 45-50°
 - IR at 45° abduction: 55-60°
- May initiate gentle IR/ER RANGE OF MOTION at 90° abducted position (in scapular plane)
- Initiate tubing IR/ER, start tubing row to 0°
- PNF light manual resistance
- Initiate active shoulder abduction
- Initiate prone row, prone extension to 0°, and prone horizontal abduction

Phase II – Weeks 7-12

Week 7-9:

Goals:

- Restore full range of motion by week 10
- Preserve integrity of repair
- Restore muscular strength and balance
- Normal joint kinematics

Exercises:

- Gradually progress ROM
 - Flexion to 180°
 - Horizontal abduction at 120°
 - ER to 90° abduction: 90-95°
 - IR at 60° abduction: 55-70°
- Continue to progress isotonic strengthening program
- Start light biceps work against gravity only with light resistance added over 6 weeks
- Initiate Throwers Ten Program (except 90/90 ex.)

Week 10-12:

Goals:

- Initiate slightly more aggressive strengthening
- Progress ER to thrower's motion (depends on individual)
- Continue stretching

Exercises:

- Mod/high velocity IR/ER isokinetics at modified neutral
- ER at 90° abduction to 100-110°
- Continue stretching (emphasis on horizontal adduction, IR) and capsular stretches

Phase III – Weeks 12-20**Week 12-14:****Goals:**

- Establish and maintain full range of motion
- Improve muscular strength, power and endurance
- Gradually incorporate functional activities

Exercises:

- Initiate strengthening in 90/90 position
Prone LR, tubing MR, tubing LR, etc.
- Initiate bilateral plyometrics program (plyoballs, two handed throwbacks, etc)

Week 14-16:**Exercises:**

- Continue capsular stretching
- Maintain throwers motion (especially ER)
- Continue strengthening exercises
 - Throwers Ten Program
 - PNF manual resistance
 - Endurance Training (UBE, Bodyblade)
 - Initiate Unilateral plyometrics program (ball on wall, plyoball throwbacks, etc)
- Restricted sport activity (light swimming, half golf swings)

Week 16-20:**Exercises:**

- Continue to progress strengthening
 - Low/Mod IR/ER isokinetics at modified neutral
 - Mod/High IR/ER isokinetics at 90/90 abduction
- Continue manual resistance exercises
- Continue Throwers Ten and other shoulder strengthening exercises
- Continue Plyometric Program
- Initiate Interval Sport Program (i.e. Interval Throwing Program)

Phase IV – Weeks 20-26**Goals:**

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

Exercises:

- Continue strengthening program with emphasis on power (isotonic, manuals, isokinetics)
- Continue flexibility exercises
- Progress interval sport program

Phase V – Months 6-9

Goals:

- Incorporate gradual return to sports/activities
- Maintain full strength, mobility and stability of the shoulder
- Gradually progress sport activities to unrestrictive participation
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Exercises:

- Mound throwing program initiated at 26 weeks (6 months/2 weeks)
- Continue with comprehensive posterior shoulder stretching
- Continue with comprehensive RC/shoulder strengthening maintenance program