

SLAP Protocol

Precautions:

- Sling/Brace: Worn at all times for first 4 weeks unless performing home exercises
- Bicep: No active forceful bending of elbow or turning palm up
- Please refer to physician and prescription as additional procedures may have been performed including anterior or posterior stabilization depending on the size of tear

Phase I (*post op 1 – 5 days*)

- Wound: Pain pump removed
- Modalities: PRN for pain and inflammation
- Sling/Brace: Worn at all times
- ROM:
 - Wrist AROM in all planes, resistance is allowed
 - Elbow AROM in all planes, no resistance
 - C-spine AROM in all planes
 - Scapular AROM can begin immediately
 - No glenohumeral PROM
- Strengthening: None

Phase II (*5 days – 4 wks post op*)

- Modalities: PRN for pain and inflammation
- Wound: Monitor site, mobilize scar
- Sling/Brace: continue sling use
- ROM:
 - PROM in flexion, scaption, and abduction, not to exceed 45 degrees until 2 wks, and not past 90 degrees until 4 wks. Limit ER to less than 25 degrees
 - Cane or pulleys implemented at 3 weeks
- Strengthening:
 - Implement at 3 weeks
 - Isometrics (shoulder) elbow flexed at 90 degrees with 25 – 50% effort
 - No Bicep resistance
 - Fitness limited to stationary bike, no weight bearing on involved UE

Phase III (*4 wks – 10 wks post op*)

- Modalities: PRN for pain and inflammation
- Wound: Monitor site, mobilize scar
- Sling/Brace: Ultrasling worn continuously, except in therapy or during exercise sessions, until 4 weeks post op. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks.
- ROM: 4 – 6 wks
 - Achieve full PROM by 6 weeks
 - Light mobs grades I – II
 - AAROM in all planes



ROCKFORD ORTHOPEDIC

- ROM: 6 – 8 wks
 - AAROM Supine/Upright progress to AROM in pain free arc
 - Full AROM by 8 wks
 - Grade III, IV mobs as needed
- Strengthening: 6 – 8 wks
 - Strengthening within pain free AROM
 - Rhythmic stabilization @ 0, 45, and 90 degrees, PNF while supine
 - Prone scapular retraction exercises at 4 wks and stabilization exercises at 6 wks
- Strengthening 8 – 10 wks
 - UBE with resistance (8 wks)
 - PNF standing with slow increase in resistance (8 wks)
 - Initiate light Theraband at 8 wks (yellow), slow progression of ER
 - Weight machines start conservatively, shortened range for rowing and pull downs for bicep. Light resistance to bicep curls with gradual progression.
 - Plyometrics initiate 2 handed ball toss at 10 wks

Phase IV (10 wks plus post op)

- Refer to physician for throwing, overhead sports, or contact sports
- Light sports 3 – 4 months
- Hard throwing 4 – 6 months

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2) Shoulderdoc. Shoulder SLAP Repair available at:
<http://www.shoulderdoc.co.uk/article.asp?article=181§ion=206> Accessed November 11, 2008.
- 3) Wilk KE, Reinold MM, Andrews, JR. Arthroscopic Debridement of SLAP Lesion (Type I & III) and/or Partial Rotator Cuff Debridement Protocol. Winchester MA: Advanced Continuing Education Institute, 2004