

# **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)

- 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
  - o C-spine AROM in all planes
  - Scapular AROM can begin immediately
  - o 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
  - o Cane or pulleys implemented at 3 weeks
- Strengthening:
  - Implement at 3 weeks
  - $\circ$  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
  - o Achieve full PROM by 6 weeks
  - Light mobs grades I II
  - AAROM in all planes



- 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
  - o 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: <u>http://www.shoulderdoc.co.uk/article.asp?article=181&section=206</u> 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