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SUPERIOR LABRUM ANTERIOR TO POSTERIOR (SLAP) REPAIR

POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 2	**SLING:** 4-6 weeks **EXERCISE PROGRESSION** • Ice and modalities to reduce pain and inflammation • Cervical ROM, basic deep neck flexor activation (chin tucks) • PROM elbow flexion/extension • Active hand and wrist range of motion. • PROM shoulder flexion to 90°, ER to 0° at 0° abduction • Walks, low intensity cardio exercise to promote healing. **MANUAL INTERVENTION** • UT, parascapular STM as needed. Effleurage massage to forearm and upper arm as needed.	• Reduce inflammation • Decrease pain • Postural education
PHASE II	2 to 6	**EXERCISE PROGRESSION** • ROM at least 3x/day. • Supine flexion and ER using T-bar. • Serratus activation; ceiling punch (weight of arm) many initially need assistance. • Manual perturbations supine with arm in 90° flexion. • Scapular strengthening – prone scapular series rows, I's and T's. Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Gentle sub-max isometrics. • DNF and proper postural positioning with shoulder retraction exercises. • Cervical ROM • Low/moderate cardio exercise; Elliptical OK, no running **MANUAL INTERVENTION** • STM – global shoulder and CT junction. Scar tissue mobilization when incisions are healed. Graded GH mobilizations. ST mobilization. Gentle sub-maximal therapist directed isometrics to achieve ROM goals.	• Postural education with cervical spine, neutral scapular positioning. • Shoulder flexion to 120° by week 4 then gradually progress to full. • Shoulder external rotation 30° at 0° and 45° abduction week 2-4. • Progress to 60° ER at 45-70° abduction by week 6. • Gradually advance to full ER by week 10-12. • Advance ROM as joint feel dictates. Push ROM if tight, gradual increase if there is a soft end feel.
PHASE III	6 to 12	**EXERCISE PROGRESSION** • Continue with combined passive/active program to full ROM. • Internal rotation with thumb up back and sleeper stretch. • Continue with ceiling punch adding weight as tolerated. • Advance intensity of sub-maximal RC isometrics. May discontinue once isotonic RC/SS program full implemented. • Advance prone series to include Y's resistance as tolerated. • Resisted ER in side-lying or with bands. • Gym: rows, front lat pulls, biceps and triceps. • Scaption; normalize ST arthrokinematics. • Active ER at 90° seated adding resistance as tolerated. • Supine progressing to standing PNF patterns, add resistance as tolerated. • CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. 1/2 to 3/4 ROM protecting the anterior shoulder capsule. **MANUAL INTERVENTION** • STM and Joint mobilization to CT junction, GHJ and STJ as needed. CR/RS to gain ROM while respecting repaired tissue. Manual perturbations. PNF patterns.	• Gradual progression to full P/AROM by week 10-12 • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression.

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PHASE IV	12 to 24	**EXERCISE PROGRESSION** • Full range of motion all planes. • Advance strengthening at or above 90° with prone or standing Y's, 90/90 as scapular control and ROM permit. • Continue to progress RC and scapular strengthening program. • Continue with closed chain quadruped perturbations; add open chain as strength permits. • Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises. • Initiate plyometric and rebounder drills as appropriate. • RTS testing for interval programs (golf, tennis etc.) with Microfet dynamometer. • Follow-up examination with the physician (6 months) for release to full activity. **MANUAL INTERVENTION** • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. **CRITERIA FOR RETURN TO FULL ACTIVITY** • Full, pain-free ROM • Normal GH/ST arthrokinimatics • >90% MMT using handheld dynamometer • Full progression through interval program. • Anticipated return to play for overhead athlete is 6-9 months.	• Gradual progression to full ROM. • Normalize GH/ST arthrokinematics. • Advance gym strengthening program. • Begin RTS progression. • Evaluation with physician for clearance to full activity.