

## Superior Labral Anterior to Posterior (SLAP) Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 4</b>	<ul style="list-style-type: none"> <li>Protect surgical site and repair</li> <li>Decrease pain + inflammation including frequent cryotherapy</li> <li>PRICE principles</li> <li>Minimize muscle atrophy</li> <li>Maintain elbow, wrist and hand function</li> <li>Maintain and progress shoulder PROM within tolerable range</li> </ul>	<ul style="list-style-type: none"> <li>Shoulder immobilizer on at all times except for hygiene and exercise</li> <li>Avoid compression and shear forces on the labrum</li> <li><b>No Active FE, ER, or Extension</b></li> <li>No lifting with operative UE</li> <li><u>No resisted active isolated biceps activity (Elbow flexion or forearm supination) x 6 weeks</u></li> </ul>	<ul style="list-style-type: none"> <li>Shoulder arm hang exercises</li> <li>Initiate SHOULDER PROM week 2 → Progress to AAROM in the scapular plane with limits --- <b>FE - 100° / ER to 30° / IR 45°</b></li> <li>AAROM to AROM of elbow, wrist and hand with arm in plane of body</li> <li>Scapular retraction isometrics w/ immobilizer</li> <li>Core activation with immobilizer on</li> <li>Initial visit: FOTO, QuickDASH</li> </ul>
<b>Weeks 4 – 12</b>	<ul style="list-style-type: none"> <li>Maintain integrity of repair</li> <li>Normalize PROM</li> <li>Progress PROM / AAROM and slowly advance to AROM</li> <li><b>Functional AROM of shoulder by week 10</b></li> <li>Functional scapular mechanics by week 12</li> <li>Initiate resistive exercises</li> <li>Improve motor control</li> </ul>	<ul style="list-style-type: none"> <li>Week 4 - Wean out of the immobilizer</li> <li>Until week 10: <ul style="list-style-type: none"> <li>No Biceps loading</li> <li>No anterior shoulder stretching or subscapularis stretching</li> </ul> </li> <li>No lifting &gt; 10 lbs</li> <li>No weightbearing through affected UE</li> <li>Avoid RTC pain with strengthening</li> <li>May initiate light CV exercise but no full speed running</li> </ul>	<ul style="list-style-type: none"> <li>Week 4 – 6: Progress AAROM → AROM <ul style="list-style-type: none"> <li>FE - 145° / ER to 50° / IR 60°</li> </ul> </li> <li>Week 6: Initiate submaximal RC isometrics</li> <li>Week 8: Isotonic RC / IR / ER Strengthening <ul style="list-style-type: none"> <li>Progress ER motion to 90 / 90 position</li> </ul> </li> <li>Week 10: <ul style="list-style-type: none"> <li>Initiate biceps loading</li> <li>Continue isotonic progressive resistive exercises and manually resisted exercises</li> <li>Submaximal exercises above 90° of elevation</li> </ul> </li> </ul>
<b>Weeks 13 – 20</b> <b>(Months 4 – 5)</b>	<ul style="list-style-type: none"> <li>Full AROM compared bilaterally without compensation <ul style="list-style-type: none"> <li>Within 10° of AROM vs. opposite side in all planes</li> <li>ER at 90° ABD and up to 120° (throwers)</li> </ul> </li> <li>Progress RTC exercises</li> <li>Progress scapular stabilizer strengthening</li> </ul>	<ul style="list-style-type: none"> <li>Do not force motion but continue stretching exercises if needed</li> <li>Avoid RTC pain with strengthening</li> <li>Monitor for compensations during exercise performance</li> <li>Week 18 – May begin phantom ground strokes for racket sports</li> <li><b><u>No overhead throwing or sports until week 20</u></b></li> </ul>	<ul style="list-style-type: none"> <li>Week 13 – Initiate light plyometric exercise <ul style="list-style-type: none"> <li>Start with 2 handed → Progress to 1</li> </ul> </li> <li>Week 16 – Functional testing including HHD for IR/ER/Flexion and UE Y-balance</li> <li>Advancement of isotonic, resistive, and plyometric exercise per tolerance in all planes, including multiplane exercises</li> <li>Week 16: FOTO, QuickDASH</li> </ul>
<b>Weeks 20 +</b> <b>(Months 5+)</b>	<ul style="list-style-type: none"> <li>Initiate return to sport progression</li> <li>Initiate higher level impact activity</li> <li>General goal for full return to sport at 5 months, depending on progression and sport demands</li> <li><u>Begin throwing from the mound weeks 24 – 28</u></li> </ul>	<ul style="list-style-type: none"> <li>Focus on form and control during exercise performance</li> <li>Use of appropriate work rest intervals</li> <li>Assess tolerance to activity during, after and at 24 hours after activity</li> <li>Throwers begin interval throwing program at week 20 only if: <ul style="list-style-type: none"> <li>Normal Rotator Cuff strength</li> <li>Normal Scapulohumeral Rhythm with Flexion and Abduction</li> <li>No scapular winging w/ resisted ER</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Low level sport specific activity, progressing to higher demand activity</li> <li>Continue with Anaerobic and aerobic interval training</li> <li>Continue with core stability per tolerance <ul style="list-style-type: none"> <li>Multiple planes</li> <li>Stability in all 3 planes of motion</li> <li>Sport specific movements</li> </ul> </li> <li>Plyometric activities progressing from simple to complex, less load to more load</li> <li>Week 24: FOTO, QuickDASH</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

