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Arthroscopic Repair of Isolated Superior Labrum Anterior Posterior (SLAP) Tears

This protocol was developed for patients who have had an arthroscopic repair of an isolated SLAP tear. The goal of this protocol is to advance range of motion and strength as directed while protecting the repair to ensure optimal healing. Please contact the University Orthopedics Physical Therapy Department at (401) 457-1590 if there are any questions. You may also refer to www.universityorthopedics.com and go to Dr. Green's section to view video of the specific shoulder exercises.

Arthroscopic superior labral repair is typically performed in younger patients (less than 45 years old) when the tear is associated with destabilization of the attachment of the tendon of the long head of the biceps. Superior labral tears can be the result of traumatic injury or degenerative pathology. SLAP tears can be associated with rotator cuff tears as well as glenohumeral instability.

Patients are discharged with a simple arm sling. Patients wear the sling for a total of 4 weeks after surgery. Active use of the shoulder is discouraged during this period. The patients may use their hand with the arm in the sling. The dressing is removed on the third day after surgery and the steristrips are left in place until the first post-operative office visit. After the dressing is removed the patients may shower quickly and gently pat the shoulder dry with a clean towel. If there is any drainage or concern about the healing of the incisions do not shower and just gently clean the surface of the shoulder with rubbing alcohol.

Week 0-6

Begin range of motion during 1st week after surgery including pendulum circumduction, passive self-assisted supine forward elevation, supine external rotation, supine cross chest adduction, standing internal rotation.

Range of Motion Goals

	Wk 0-2	Wk 3-4	Wk 5-6
Passive forward elevation	90°	120°	145°
Passive external rotation	0°	20°	45°
Internal rotation	Buttocks	L3	T12
Cross body adduction	Neutral	20°	40°

Stretching exercises are performed in sets of 5 repetitions, 5 times each day, holding each stretch for 10 seconds. Do not stretch beyond the listed goals of range of motion. If stiffness develops stretching should be increased

Isometric deltoid (anterior, middle, posterior) start week 2-4.

Scapular stabilization (rhomboid, trapezius, serratus anterior) start week 2-4.

Begin light active use after sling discontinued.

Week 6-12

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If ROM goals easily met stop passive self-assisted stretching and gain motion with active ROM exercises. Stiffness can be a problem after SLAP repairs, especially in older patients.

Active ROM- begin after 6 weeks

Range of motion goal after 12 weeks is slight limitation of motion.

Progress strengthening with isometric deltoid, internal rotation, external rotation, scapular stabilizers.

Begin progressive isotonic resistance at 8-10 weeks post-op

After Week 12

Progressive resisted strengthening, closed chain, plyometric.