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Athroscopic SLAP Lesion (Type II) Repair Protocol

SLAP, superior labrum anterior and posterior, lesions are typically classified into 5 categories. Type I consist of degenerative fraying of the superior labrum with the edge firmly attached. **Type II**, the most common, occurs when the superior labrum and biceps are torn away from the superior glenoid. Type III is a bucket handle tear of only the superior labrum. Type IV, consists of bucket handle tear of the labrum plus partial tear of the biceps tendon, Type V is an anterior inferior Bankhart lesion extending superiorly to include separation of the anterior superior labrum and the biceps tendon.

Types I and II may be arthroscopically debrided. Types I and IV typically require debridement and repair. The type of fixation used for repair (suture repair, absorbable tac) varies by physician. Likewise, Type V requires arthroscopic repair combined with arthroscopic or open stabilization. Due to variation in surgical techniques, time frames may also vary; thus, follow the individual surgeon's guidelines.

Recommendations:

Wear Sling for 3-4 weeks
No driving until patient has painless, functional ROM (usually 4-6 weeks)
Ice 3-4 times per day as needed for 1st weeks then as needed therafter
No shoulder extension and'or resistive elbow flexion for 6 weeks to protect repair (i.e. no reaching behind back, no carrying gallon of milk, no pulling doors open, etc.)
Return to work and sport to be determined on a individual basis by the physician

Post-op Protocol:

0-4 Weeks:

- Instruct family member in proper PROM techniques and ROM limitations (if any). ***Have them perform a supervised demonstration***
- Educate on importance of proper posture in sitting and standing
- Wean from sling (daytime) **in a controlled environment** after 2-3 weeks, nighttime after 3-4 weeks and discontinue completely by the end of 4 weeks. **NO** active arm swinging until after 4 weeks.

1. PROM to tolerance (avoid joint distraction, end ranges of internal rotation and external rotation, and extension)
2. AROM of the elbow, wrist and hand

3.Begin submax isometrics in all shoulder planes (avoid elbow flexion and shoulder forward elevation isometrics)
4.Gentle active shoulder external rotation in side lying
5.Supine passive external rotation stretching with cane (keep elbow supported and flexed to 90 degree)
6.Soft tissue massage once portals heal
7. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression
8.Initiate general cardiovascular training (as appropriate) including walking (no shoulder extension), stationary cycling, ect.

4-6 Weeks:

- Begin AAROM
- Educate on importance of proper posture in sitting and standing

1. Cane raises with slow progression from supine to standing position
2. Begin pulleys in the forward elevation plane
3. UBE (no distraction)
4. Add light resistance to side lying external rotation
5. Gentle open kinetic chain rhythmic stabilization progression in the supine.

6-8 Weeks:

- Begin AROM and progress to RROM within pain-free ranges
- **Full PROM by 8 weeks**

1. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation (< 90 degree). Progress to prone horizontal abduction n (thumbs up) at 100 degree of abduction, prone external rotation in 90/90 position, and prone extension, all within pain-free ROM.
2. Initiate scapulothoracic strengthening exercises including seated rows. Progress to prone horizontal abduction (thumbs up) at 150 degree and 90 degree of abduction (last 20 degree of available range only)
3. Begin gentle closed kinetic chain (CKC) balance and stabilization progressions.
4. Initiate resistive elbow flexion
5. Begin Upper extremity endurance training on UBE as appropriate.

8-10 Weeks:

- **Progress RROM**
- **Empharsize concepts of proper frequency, duration and intensity of training**

1. Progress PRE's as tolerated
2.Initiate manual resistive exercises including PNG techniques.
3. Progress CKC exercises including seated press-up, step-ups, BAPS board, treadmill and push-ups with a plus (wall to floor progression)
4.Begin low-level plyometric progression including 2-hard plyoback toss, ball dribbling, etc.

10-12 Weeks:

- **Equal strength, bilaterally, by 12 weeks**

1. Begin isokinetic internal and external rotation (0 degree abduction → scapular plane→ 90/90 position progression)
2. Initiate work- specific activities as appropriate
3. Begin limited sport-specific activities

12+ Weeks

1. Progress sport-specific activities including interval throwing and swinging programs
2. Return to sports to be determined by MD (usually 4-6 months)