

## **Rehabilitation for Type II/IV SLAP Tear Repair**

**-In cases of Type IV labrum repair:** If the biceps is resected, biceps muscular contractions may begin between 6 and 8 weeks post-surgery. In the cases of repaired biceps tears or biceps tenodesis, we recommend no resisted or active biceps for 3 months following surgery. Light isotonic strengthening for elbow flexion is initiated between weeks 12 and 16 and progresses gradually. Full resisted biceps activity is not incorporated until weeks 16 to 20.

### **Phase 1: immediate postoperative phase “protected motion” (day 1-week 6)**

#### **Goals**

- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

#### **Week 0-2**

- Sling for 4 weeks (sleep)
- Elbow/hand PROM
- Hand-gripping exercises
- Passive and gentle shoulder active assistive ROM exercise
  - Flexion to 60° (week 2, flexion to 75°) - Elevation in scapular plane to 60°
  - ER/IR with arm in scapular plane
  - ER to 10°-15°
  - IR to 45°
    - No active ER or extension or abduction
- Submaximal isometrics for shoulder musculature
- No isolated biceps contractions
- Cryotherapy, modalities as indicated

#### **Week 3-4**

- Discontinue use of sling at 4 weeks
- Continue gentle ROM exercises (PROM and AAROM)
  - Flexion to 90°
  - Abduction to 75°-85°
  - ER in scapular plane to 25°-30°
  - IR in scapular plane to 55°-60°(Note: rate of progression based on evaluation of the patient.)
- No active ER, extension, or elevation
- Initiate rhythmic stabilization drills
- Initiate proprioception training
- Tubing ER/IR at 0° abduction
- Continue isometrics/ continue cryotherapy

**Week 5-6**

- Gradually improve ROM
  - Flexion to 145°
  - ER at 45° abduction: 45°-50°
  - IR at 45° abduction: 55°-60°
- May initiate stretching exercises
- May initiate light (easy) ROM at 90° abduction
- Continue tubing ER/IR (arm at side)
- PNF manual resistance
- Initiate active shoulder abduction (without resistance)
- Initiate “full can” exercise (weight of arm)
- Initiate prone rowing, prone horizontal abduction
- No biceps strengthening

**II. Phase 2: intermediate phase: moderate-protection phase (weeks 7-12)**

**Goals**

- Gradually restore full ROM (week 10)
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance

**Week 7-9**

- Gradually progress ROM
  - Flexion to 180°
  - ER at 90° abduction: 90°-95°
  - IR at 90° abduction: 70°-75°
- Continue to progress isotonic strengthening program
- Continue PNF strengthening
- Initiate thrower’s ten program

**Week 10-12**

- May initiate slightly more aggressive strengthening
- Progress ER to throwers motion
  - ER at 90° abduction: 110°-115° in throwers (weeks 10-12)
- Progress isotonic strengthening exercises
- Continue all stretching exercises
  - Progress ROM to functional demands (i.e., overhead athlete)
- Continue all strengthening exercises

### **III. Phase 3: minimal protection phase (weeks 12-20)**

#### **Goals**

- Establish and maintain full PROM and AROM
- Improve muscular strength, power and endurance
- Gradually initiate functional activities

#### **Criteria to enter phase III**

- Full non-painful AROM
- Satisfactory stability
- Muscular strength (good grade or better)
- No pain or tenderness

#### **Weeks 12-16**

- Continue all stretching exercises (capsular stretches)
- Maintain throwers motion (especially ER)
- May begin resisted biceps and forearm supination exercises
- Continue strengthening exercises
  - Throwers ten program or fundamental exercises
  - PNF manual resistance
  - Endurance training
  - Initiate light plyometric program
  - Restricted sport activities (light swimming, half golf swings)

#### **Weeks 16-20**

- Continue all exercise listed above
- Continue all stretching
- Continue throwers ten program
- Continue plyometric program
- Initiate interval sport program (throwing, etc.)
  - **See interval throwing program**

### **IV. Phase 4: advanced strengthening phase (weeks 20-26)**

#### **Goals**

- Enhance muscular strength, power, and endurance
- Progress functional activities
- Maintain shoulder mobility

**Criteria to enter phase IV**

- Full non-painful AROM
- Satisfactory static stability
- Muscular strength 75%-80% of contralateral side
- No pain or tenderness

**Weeks 20-26**

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual-resistance patterns
- Plyometric strengthening
- Progress interval sport programs

**V. Phase 5: return-to-activity phase (months 6 to 9)**

**Goals**

- Gradual return to sport activities
- Maintain strength, mobility and stability

**Criteria to enter phase V**

- Full functional ROM
- Muscular performance isokinetic (fulfills criteria)
- Satisfactory shoulder stability
- No pain or tenderness

**Exercises**

- Gradually progress sport activities to unrestrictive participation
- Continue stretching and strengthening program
- May begin AROM biceps