Jonathan Watson, MD

REHABILITATION PROTOCOL- Nonoperative SLAP tear

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

_____

_____

PHASE 1 (~0-4 weeks)

REHAB GOALS	1. Gradual restoration of ROM 2. Minimize swelling & pain
PRECAUTIONS	1. ROM begin restoring IR/ER at side & scapular elevation, progress to IR/ER in abduction 2. Ice as needed for pain
RANGE OF MOTION EXERCISES	○ Passive, active assist ROM in all planes, start supine, progress to standing arm at side, then to abduction ○ Throwers- posterior shoulder/pec stretches ○ Sport specific hip/LE stretches ○ Soft tissue mobilizations/techniques as tolerated
SUGGESTED THERAPEUTIC EXERCISES	○ As above ○ LE and core activities when pain tolerates ○ Closed chain- perturbations in quadruped ○ Isometric exercises in 20-30 abduction in plane of scapula & neutral rotation. Begin with elbow supported, gradually remove support. ○ Side lying scapular clocks ○ Manual rhythmic stabilization in pain free mid ROM ○ Higher level athletes- balance/proprioception begin 2 leg, progress to unilateral, unstable surface, etc
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical (no UE), stairmaster within pain tolerance
PROGRESSION CRITERIA	○ Full active ROM in all planes, minimal pain at end range (if full ROM present initially can skip stage 1) ○ Normal scapulohumeral dynamics ○ No pain at rest

PHASE 2 (~6-12 weeks)

REHAB GOALS	1. Achieve ROM goals 2. Normalize rotator cuff guarding & neuromuscular control 3. Minimize pain and swelling
PRECAUTIONS	1. Avoid repetitive overhead activity 2. Ice as needed after activity
RANGE OF MOTION EXERCISES	○ Continue phase 1 exercises ○ Normalize active ROM/end range/abnormal kinematics ○ Glenohumeral/scapular mobilizations as needed
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 1 exercises ○ Rotator cuff & scapular prone exercises. Light isotonic/resistance. Standing ER/IR, side lying ER, retractions, standing Ws, dynamic hug, prone rows, prone extension ○ Rhythmic stabilization & manual strengthening ○ Bodyblade at 0 abduction, 90 scapular elevation ○ PNF D1-2 w/manual resistance & slow reversals ○ Closed chain UE PNF quadruped ○ LE plyometrics
CARDIOVASCULAR EXERCISE	Continue phase 1 Jog/run progression
PROGRESSION CRITERIA	○ Normal glenohumeral kinematics ○ Total arc of ROM equivalent to contralateral ○ Strength at least 75% contralateral

PHASE 3 (~12-16 weeks)

REHAB GOALS	○ Maintain ROM ○ Improve scapular, cuff strength ○ Minimize pain
PRECAUTIONS	
RANGE OF MOTION EXERCISES	○ Continue exercises from phase 2. ○ Mobilizations as needed (esp post/inf glides if lacking ER/Elevation) ○ Posterior shoulder/pec stretches for throwers
SUGGESTED THERAPEUTIC EXERCISES	○ Continue exercises from phase 2 ○ LE & core- progress strengthening. ○ thrower's exercises: ER/IR at 0 abduction (progress to IR/ER as pain tolerates), scaption ER full can, rows into ER at 90 abduction seated on stability ball, lower trap seated on stability ball, elbow flexion, elbow extension/triceps, wrist extension, wrist flexion, supination, pronation, sleeper stretch, supine horizontal adduction

	stretch into IR, Prone horizontal abduction neutral/full ER at 100, prone row, Diagonal pattern (D2) flexion/extension ○ Prone horizontal Ts, prone scaption Ys, prone ER at 90 abduction, supine inclined pullups w/scapular retraction ○ Progress closed chain UE activities ○ UE plyometrics: throw at side, wall dribbles (light resistance overhead, vary arm angles), decelerations/eccentric control of follow-through in half kneeling, 2 hand medicine ball chest pass & side toss ○ Sport specific- drills with arm below shoulder height (fielding)
CARDIOVASCULAR EXERCISE	Continue phase 2
PROGRESSION CRITERIA	○ Full pain free active ROM ○ No pain/swelling/instability ○ Normal glenohumeral & scapulothoracic mechanics ○ 85% strength of contralateral

PHASE 4 (~16-24 weeks)

REHAB GOALS	○ Full ROM in all planes ○ No pain with sport activities ○ Improvement of strength, endurance, neuromuscular control ○ Return to sport/work
PRECAUTIONS	Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF MOTION EXERCISES	○ Continue with flexibility exercises from previous phase ○ Gentle end range stretching ○ LE and core flexibility ○ Mobilizations as needed
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 3 activities. Progress with resistance/load. ○ Sport specific- ok to begin overhead sport specific activities. Throwers begin interval throwing program ○ Progress rhythmic stabilization & manual strengthening to long moment arms & distal resistance ○ Progress Bodyblade to 90 abduction & ER ○ PNF in D1-2 w/manual resistance w/fast reversals & terminal holds w/perturbations ○ Closed chain PNF in plank & logn arc, progress to unstable surfaces ○ UE plyometrics- progress to unilateral & overhead, endurance wall dribbles, heavy full kinetic chain activities
CARDIOVASCULAR EXERCISE	Progress to baseline

PROGRESSION CRITERIA- RETURN TO SPORT	○ Normal kinematics of GH & ST joints ○ Full painless active & passive ROM ○ Strength 90% contralateral ○ No pain/discomfort after activity ○ Completion of sport specific/throwing program ○ Physician clearance