

ARTHROSCOPIC SLAP REPAIR CLINICAL PRACTICE GUIDELINE

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

SLAP (Superior Labral Anterior to Posterior) Tears

Causes

- Traumatic Injury: FOOSH (fall on an outstretched hand)
- Atraumatic, Degenerative Injury: Result of repeated activity

Commonly Affected Individuals:

- Overhead athletes
- Overhead workers

Classification:

- Type of tear
- Portion of Labrum affected

Surgical Intervention

- Reattachment of the labrum
- Debridement
- Combination of both

Pre-Rehabilitation Steps

- Consultation with the surgeon
- Review of the operative report

Recommendations

Potential Risk Factor

- **Traumatic Injury:** FOOSH (fall on an outstretched hand)
- **Atraumatic, Degenerative Injury:** Result of repeated activity such as Frequent overhead movements
- Poor mechanical movements
- Participation in contact sports
- Weak shoulder muscles
- Insufficient scapular stability
- Limited trunk mobility

Corrective Intervention

- Therapeutic Exercises to enhance shoulder and scapular strength, stability and flexibility
- Activities designed to improve daily living skills
- Neuromuscular reeducation to boost joint stability and proprioception

Precautionary Measures

- Limit ER and biceps loading
- Avoid cross-body movements and shoulder extension with elbow extension
- Ensure adequate external ROM before returning to activity

Outcome Testing

- Questionnaire: Disability of Arm Shoulder and Hand (DASH) or (Kerlan-Jobe Orrthopaedic Clinic) KJOC
- Assess strength quality, endurance, and internal/external rotation ratios
- Ensure range of motion appropriate for the job or sport
- Conduct isokinetic strength assessments if available

Rehabilitation Techniques

- Use soft tissue and joint mobilizations to reduce pain and improve ROM

Criteria for Discharge

- Appropriate ROM for the patient
- Full strength and endurance in shoulder muscles
- Low pain levels
- Achieved MCID on functional outcome measures

Phase Description

Phase	Time Frame	Goals and Activities
Phase I: Protection	Weeks 1-2	<ul style="list-style-type: none"> • Control Pain and Inflammation • Gradually increase ROM • Promote tissue healing • Initiate muscle contraction • Soft tissue mobilization • Joint mobilization • Scapular stabilization exercises • Submaximal isometrics • Pendulum exercises
	Weeks 3-4	<ul style="list-style-type: none"> • Achieve specific ROM goals • Maintain scapular stabilization • Begin rhythmic stabilization • Initiate AAROM • Continue posterior joint mobilization • Scapular PNF pattern • Progress to basic strengthening
	Weeks 5-6	<ul style="list-style-type: none"> • Achieve extended ROM targets • Advance AAROM and strengthening exercises • Begin light resistance training • Introduce scapular PNF patterns • Start UBE with light resistance
Phase II	Weeks 7-9	<ul style="list-style-type: none"> • Achieve full flexion and abduction • Progress ER and IR at neutral and abduction • Initiate biceps strengthening • Start Thrower's 10 program • Continue scapular strengthening
Phase II	Weeks 10-12	<ul style="list-style-type: none"> • Achieve full AROM in all planes

		<ul style="list-style-type: none"> • Progress to sport-specific demands • Advance strength exercises • Begin throwing program if appropriate
Phase III	Weeks 12-16	<ul style="list-style-type: none"> • Continue ROM and mobility movements • Start resisted biceps and polymetrics • Begin throwing progression • Engage in light sport activities
Phase IV: Return to Sport/Activity	Weeks 16-20	<ul style="list-style-type: none"> • Achieve terminal ROM stretching • Advance to sport-specific polymetrics • Begin throwing or sport-specific program • Progress shoulder strengthening • Ensure readiness for return of sport criteria