orthoNY

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REHABILITATION PROTOCOL: NONOPERATIVE SLAP Tear

This protocol is intended to guide clinicians and patients through the nonoperative course for a SLAP tear. This protocol is time based (dependent on tissue healing) as well as criterion based. Specific intervention should be based on the needs of the individual and should consider exam findings and clinical decision making. If you have questions, contact the referring physician.

PHASE I: WEEKS 0-4 WEEKS

Rehab Goals	▪ Gradual restoration of ROM ▪ Minimize swelling & pain
Precautions	▪ ROM begin restoring IR/ER at side & scapular elevation, progress to IR/ER in abduction ▪ Ice as needed for pain
Interventions	**Range of motion/Mobility** ▪ 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 **Strengthening** ▪ 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 o balance/proprioception begin 2 leg, progress to unilateral, unstable surface, etc **Cardiovascular** ▪ Stationary bike, elliptical (no UE), stairmaster within pain tolerance
Criteria to Progress	▪ 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

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PHASE II: INTERMEDIATE (~6-12 WEEKS)

Rehab Goals	▪ Achieve ROM goals ▪ Normalize rotator cuff guarding & neuromuscular control ▪ Minimize pain and swelling
Precautions	▪ Avoid repetitive overhead activity ▪ Ice as needed after activity
Interventions *Continue with Phase I interventions	**Range of motion/Mobility** ▪ Normalize active ROM/end range/abnormal kinematics ▪ Glenohumeral/scapular mobilizations as needed **Strengthening** ▪ 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 o LE plyometrics **Cardiovascular** ▪ Stationary bike, elliptical (no UE), Stairmaster within pain tolerance ▪ Jog/run progression
Criteria to Progress	▪ Normal glenohumeral kinematics ▪ Total arc of ROM equivalent to contralateral ▪ Strength at least 75% contralateral

PHASE III: TRANSITIONAL (~12-16 WEEKS)

Rehab Goals	▪ Maintain ROM ▪ Improve scapular, cuff strength ▪ Minimize pain ▪ Patient education
Precautions	▪ Ice as needed
Additional Interventions *Continue with Phase I-II Interventions	**Range of Motion/Mobility** ▪ Mobilizations as needed (esp post/inf glides if lacking ER/Elevation) ▪ Posterior shoulder/pec stretches for throwers **Strengthening** ▪ LE & core- progress strengthening.

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	▪ 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** ▪ Continue with prior
Criteria to Progress	▪ Full pain free active ROM ▪ No pain/swelling/instability ▪ Normal glenohumeral & scapulothoracic mechanics ▪ 85% strength of contralateral

PHASE IV: EARLY RETURN TO SPORT (~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
Pecautions	▪ Post-activity soreness should resolve within 24 hours ▪ Avoid post activity swelling
Additional Interventions *Continue with Phase I-III interventions	**Range of Motion/Mobility** ▪ Continue with flexibility exercises from previous phase ▪ Gentle end range stretching ▪ LE and core flexibility ▪ Mobilizations as needed **Strengthening** ▪ 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

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	▪ PNF in D1-2 w/manual resistance w/fast reversals & terminal holds w/perturbations o Closed chain PNF in plank & long arc, progress to unstable surfaces ▪ UE plyometrics- progress to unilateral & overhead, endurance wall dribbles, heavy full kinetic chain activities **Cardiovascular** ▪ Progress to baseline
Criteria to Progress	▪ Normal kinematics of GH & ST joints ▪ Full painless active & passive ROM o Strength 90% contralateral ▪ No pain/discomfort after activity ▪ Completion of sport specific/throwing program ▪ Physician clearance