

Guidelines for Postoperative Rehabilitation and Care after Repair of SLAP Lesion

Type I: Superior labral fraying

Surgical technique: Arthroscopic labral debridement

Protection: Biceps (7-10) days

ROM: As tolerated, no restrictions

Return to sport: Dependent on strength and biomechanics of shoulder, usually 2-4 weeks

Type II: Superior labrum and biceps tendon stripped off of the glenoid

Surgical technique: Arthroscopic reattachment of the labrum

Protection: Sling protection for 4 weeks. Avoid biceps resistance exercises for 10-12 weeks.

ROM: ER allowed initially at 0 degrees abduction only. No external rotation beyond 30 degrees for four weeks. Advance ER at 0 degrees abduction to full after week four. After 4 weeks slowly begin combined ER and abduction with full ROM by 6 weeks.

Rehabilitation timetable guideline: Sling for 4 weeks; gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period; after 7-10 days formal therapy started focusing on gentle passive range of motion within pain-free range avoiding external rotation beyond 30 degrees and extension of arm behind body for 4 weeks; at 4 weeks, shoulder exercise program started with protected biceps strengthening; at 10-12 weeks, biceps resistance exercises and sports-specific or work-specific exercise program instituted with goal of normal function in 4 months. Return to sport: 4 months.

*** see page 2 for protocol for throwing athletes with Type II lesions

Type III : Bucket-handle tear of the labrum

Surgical technique: Arthroscopic excision of the torn labrum

ROM: Similar to Type I but 1-2 weeks slower

Protection: Same as above

Return to sport: Same as above

Type IV: Bucket-handle labral tear extending into the biceps tendon

Surgical technique: Excision of the labral tear and biceps tenodesis or repair as in Type II.

ROM: Dependent on technique. If repaired see Type II; if excised sling for 3 weeks, full ROM in 3-6 weeks

Protection: Avoid biceps resistance exercises for 6 weeks if tenodesis performed or 10 weeks if repaired.

Return to sport: If excision and tenodesis performed, 8-10 weeks with return to throwing sports in 3-4 months; if repaired, see Type II protocol.

