

## **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**

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#### **PHASE 1 (~0-4 weeks)**

REHAB GOALS	<ol style="list-style-type: none"><li>1. Gradual restoration of ROM</li><li>2. Minimize swelling &amp; pain</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. ROM begin restoring IR/ER at side &amp; scapular elevation, progress to IR/ER in abduction</li><li>2. Ice as needed for pain</li></ol>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"><li>○ Passive, active assist ROM in all planes, start supine, progress to standing arm at side, then to abduction</li><li>○ Throwers- posterior shoulder/pec stretches</li><li>○ Sport specific hip/LE stretches</li><li>○ Soft tissue mobilizations/techniques as tolerated</li></ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"><li>○ As above</li><li>○ LE and core activities when pain tolerates</li><li>○ Closed chain- perturbations in quadruped</li><li>○ Isometric exercises in 20-30 abduction in plane of scapula &amp; neutral rotation. Begin with elbow supported, gradually remove support.</li><li>○ Side lying scapular clocks</li><li>○ Manual rhythmic stabilization in pain free mid ROM</li><li>○ Higher level athlets- balance/proprioception begin 2 leg, progress to unilateral, unstable surface, etc</li></ul>
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical (no UE), stairmaster within pain tolerance
PROGRESSION CRITERIA	<ul style="list-style-type: none"><li>○ Full active ROM in all planes, minimal pain at end range (if full ROM present initially can skip stage 1)</li><li>○ Normal scapulohumeral dynamics</li><li>○ No pain at rest</li></ul>

## PHASE 2 (~6-12 weeks)

REHAB GOALS	<ol style="list-style-type: none"> <li>1. Achieve ROM goals</li> <li>2. Normalize rotator cuff guarding &amp; neuromuscular control</li> <li>3. Minimize pain and swelling</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Avoid repetitive overhead activity</li> <li>2. Ice as needed after activity</li> </ol>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> <li>○ Continue phase 1 exercises</li> <li>○ Normalize active ROM/end range/abnormal kinematics</li> <li>○ Glenohumeral/scapular mobilizations as needed</li> </ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> <li>○ Continue phase 1 exercises</li> <li>○ Rotator cuff &amp; scapular prone exercises. Light isotonic/resistance. Standing ER/IR, side lying ER, retractions, standing Ws, dynamic hug, prone rows, prone extension</li> <li>○ Rhythmic stabilization &amp; manual strengthening</li> <li>○ Bodyblade at 0 abduction, 90 scapular elevation</li> <li>○ PNF D1-2 w/manual resistance &amp; slow reversals</li> <li>○ Closed chain UE PNF quadruped</li> <li>○ LE plyometrics</li> </ul>
CARDIOVASCULAR EXERCISE	<p>Continue phase 1</p> <p>Jog/run progression</p>
PROGRESSION CRITERIA	<ul style="list-style-type: none"> <li>○ Normal glenohumeral kinematics</li> <li>○ Total arc of ROM equivalent to contralateral</li> <li>○ Strength at least 75% contralateral</li> </ul>

## PHASE 3 (~12-16 weeks)

REHAB GOALS	<ul style="list-style-type: none"> <li>○ Maintain ROM</li> <li>○ Improve scapular, cuff strength</li> <li>○ Minimize pain</li> </ul>
PRECAUTIONS	
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> <li>○ Continue exercises from phase 2.</li> <li>○ Mobilizations as needed (esp post/inf glides if lacking ER/Elevation)</li> <li>○ Posterior shoulder/pec stretches for throwers</li> </ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> <li>○ Continue exercises from phase 2</li> <li>○ LE &amp; core- progress strengthening.</li> <li>○ 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</li> </ul>

	<p>stretch into IR, Prone horizontal abduction neutral/full ER at 100, prone row, Diagonal pattern (D2) flexion/extension</p> <ul style="list-style-type: none"> <li>○ Prone horizontal Ts, prone scaption Ys, prone ER at 90 abduction, supine inclined pullups w/scapular retraction</li> <li>○ Progress closed chain UE activities</li> <li>○ 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 &amp; side toss</li> <li>○ Sport specific- drills with arm below shoulder height (fielding)</li> </ul>
CARDIOVASCULAR EXERCISE	Continue phase 2
PROGRESSION CRITERIA	<ul style="list-style-type: none"> <li>○ Full pain free active ROM</li> <li>○ No pain/swelling/instability</li> <li>○ Normal glenohumeral &amp; scapulothoracic mechanics</li> <li>○ 85% strength of contralateral</li> </ul>

#### PHASE 4 (~16-24 weeks)

REHAB GOALS	<ul style="list-style-type: none"> <li>○ Full ROM in all planes</li> <li>○ No pain with sport activities</li> <li>○ Improvement of strength, endurance, neuromuscular control</li> <li>○ Return to sport/work</li> </ul>
PRECAUTIONS	<p>Post-activity soreness should resolve within 24 hours</p> <p>Avoid post activity swelling</p>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> <li>○ Continue with flexibility exercises from previous phase</li> <li>○ Gentle end range stretching</li> <li>○ LE and core flexibility</li> <li>○ Mobilizations as needed</li> </ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> <li>○ Continue phase 3 activities. Progress with resistance/load.</li> <li>○ Sport specific- ok to begin overhead sport specific activities. Throwers begin interval throwing program</li> <li>○ Progress rhythmic stabilization &amp; manual strengthening to long moment arms &amp; distal resistance</li> <li>○ Progress Bodyblade to 90 abduction &amp; ER</li> <li>○ PNF in D1-2 w/manual resistance w/fast reversals &amp; terminal holds w/perturbations</li> <li>○ Closed chain PNF in plank &amp; logn arc, progress to unstable surfaces</li> <li>○ UE plyometrics- progress to unilateral &amp; overhead, endurance wall dribbles, heavy full kinetic chain activities</li> </ul>
CARDIOVASCULAR EXERCISE	Progress to baseline

PROGRESSION CRITERIA- RETURN TO SPORT	<ul style="list-style-type: none"> <li>○ Normal kinematics of GH &amp; ST joints</li> <li>○ Full painless active &amp; passive ROM</li> <li>○ Strength 90% contralateral</li> <li>○ No pain/discomfort after activity</li> <li>○ Completion of sport specific/throwing program</li> <li>○ Physician clearance</li> </ul>
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