

**SLAP Lesion Repair Rehabilitation Programme****Key messages**

- Biceps activity restricted – to avoid pulling surgical repair
- Ensure full available range returned
- Encourage correct quality of movement pattern

Time	Rehab	Goals / aims
<b>Pre-op</b>	Scapular stabilisation exercises Transvers abdominals/Postural advice	
<b>Theatre</b>	If done via small open excision - Will not change rehab May do tenodesis rather than repair labrum. <b>May have anterior labral damage = restricted External Rotation</b>	
<b>Day 1</b> Inpatient	<ul style="list-style-type: none"> <li>- <b>Check specific post-op instructions:</b></li> <li>- <b>Sling – 3 weeks</b></li> <li>- Active assisted Flexion, Abduction to 90°, external rotation - depending on post-op instructions.</li> <li>- Instructions for sling, washing/dressing</li> <li>- Advice on posture &amp; scapular control</li> <li>- Active wrist and hand exercises, Assisted elbow flexion/extension 6/52</li> </ul> <p>Oxford Score</p> <p><b>** Avoid - Combined ER &amp; Abduction, Shoulder extension, Resisted biceps for 6 weeks</b></p>	<p><b>Advice:</b></p> <ul style="list-style-type: none"> <li>- Driving – after 8 weeks if comfortable and safe &amp; <b>Only if patient can perform emergency manoeuvres safely</b></li> <li>- Work – Sedentary – 1-2 weeks if comfortable, Heavy – 3/12 – discuss with consultant</li> <li>- Contact sports – 6/12</li> </ul>
<b>OP physio</b> 1 week	<ul style="list-style-type: none"> <li>- Check analgesia management &amp; wound healing</li> <li>- Active assisted exercises to 90°</li> <li>- Partially loaded proprioceptive exercises: (eg. Prayer kneeling/ forearms on table)</li> <li>- Scapular stabilisation exercises – movement pattern correction</li> <li>- Isometric rotator cuff</li> </ul>	
<b>3 - 6 weeks</b>	<ul style="list-style-type: none"> <li>- Check movement pattern</li> <li>- Start active flexion/abduction/ external rotation ROM to 90°</li> </ul>	Wean off sling
<b>6 weeks plus</b>	<ul style="list-style-type: none"> <li>- <b>Can start active resisted biceps exercises, Avoid eccentric loading of biceps</b></li> <li>- Rotator cuff strengthening through range</li> <li>- Fully loaded Proprioceptive exercises: static (eg 4 point kneeling) as patient tolerates.</li> <li>- Progress scapular control if required</li> <li>- Gym rehab – if appropriate</li> </ul>	<p>Good scapulo-humeral rhythm</p> <p>Full available ROM by 12/52</p>
<b>12 weeks</b> Consultant OP appointment	<ul style="list-style-type: none"> <li>- Resistance work/ Open chain rehab: strengthening exercises through range - free weights, theraband (amend depending on pain levels)</li> <li>- Sports specific rehab</li> <li>- Eccentric biceps with scapular control</li> <li>- Plyometric exercises( eg. bounce ball against wall)</li> </ul>	
<b>Complications</b>	Failure – recurrent detachment Limitation of Abd / ER full range	
<b>Final goals</b>	Return to work/sports training Good functional ROM	<u>Outcome measure</u> Oxford Score- instability