

## Type II SLAP Lesion Repair

SLAP is an acronym for Superior Labrum Anterior to Posterior and describes an injury to the superior labrum at the origin of the biceps tendon. The two most common mechanisms of injury are a sudden pull on the arm or compression through a fall. There are four types of SLAP lesions. Type II occurs when the biceps anchor pulls away from the glenoid rim. Surgery can usually be done arthroscopically and involves using suture anchors or tacks to attach the labrum and biceps anchor back to the glenoid.

Following surgery, it is critical that the patient follow strict ROM guidelines and avoid early contraction of the biceps muscle to allow for sufficient healing.

Please note that rehabilitation must take into consideration the patients age, healing rate, subjective and objective findings, concomitant surgical procedures, and long term goals.

### Phase One (0-3 weeks)

Goals: Protect surgical repair  
Decrease pain and inflammation  
Patient Education and home program

Sling to be worn for 3-6 weeks as determined by physician. (Typically 4 weeks)

Can be removed for home exercises 2-3X/day

No isolated biceps contraction

No active shoulder extension, external rotation, or elevation

PROM:	Flexion	60°	by week 1
		75°	by week 2
		90°	by week 3
	External Rot	15°	by week 1
		30°	by week 3

Exercises: Pendulums  
Scapular Clock  
Hand and wrist exercises  
Sub maximal isometrics(IR,ER,Ext,Abd)  
No elbow flexion or shoulder flexion

Modalities: Ice, electric stimulation

### Phase Two (4-6 weeks)

Goals: Protect surgical procedure  
Control pain and inflammation  
Improve ROM and strength

Progress home program

PROM:	Flexion	145°	by week 6
	External Rot	50°	by week 6

**Exercises:** Pulleys for flexion  
AA wand flexion, ER  
Posterior capsule stretch  
Continue isometrics as in phase one  
Initiate Tubing for IR/ER  
Sidelying ER  
Supine punches  
Supine Triceps  
Prone rows, horizontal abduction

**Modalities:** Ice, e. stim as needed

**Phase Three (6-12 weeks)**

**Goals:** Restore full active ROM  
Progress strengthening and scapular stabilization  
Regain scapulo-humeral rhythm  
Initiate more functional activities

**PROM:** Full ROM in all planes by 10-12 weeks

**Exercises:** Continue previous exercises. Progress sets, reps and intensity.  
Bicep curls against gravity only, then to light resistance  
Progress to active scaption, flexion without scapular substitution  
PNF diagonals  
IR/ER at 90° abduction  
UBE  
Initiate two handed plyometrics(chest pass ball toss) at 8 weeks

**Modalities:** As needed

**Phase Four (12-24 weeks)**

**Goals:** Regain full functional strength  
Maintain shoulder mobility  
No pain or tenderness  
Initiate sports specific training

**Exercises:** Continue isotonic and plyometric strengthening progression  
Sports training or work simulation  
One handed plyometrics  
Large muscle strengthening such as bench press, lat pull downs

Typical return to sports or work in 4-6 months post operatively