

ORTHOARIZONA

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Arthroscopic SLAP lesion (Type II) Repair

SLAP, superior labrum anterior and posterior, lesions are typically classified into 5 categories. Type I consist of degenerative fraying of the superior labrum with the edge firmly attached. Type II, the most common, occurs when the superior labrum and biceps tendon are torn away from the superior glenoid. Type III is a bucket handle tear of only the superior labrum. Type IV consists of a bucket-handle tear of the labrum plus a partial tear the biceps tendon. Type V is an anterior-inferior Bankart lesion extending superiorly to include separation of the anterior superior labrum and the biceps tendon.

Types I and III maybe arthroscopically debrided. Types II and IV typically require arthroscopic debridement and repair. The type of fixation used for repair (suture repair, absorbable fixation devices) varies by physician. Likewise, type V requires arthroscopic repair combined with arthroscopic or open stabilization. Due to variation in surgical techniques, postoperative recovery time frames may also vary; thus, follow the individual surgeon's guidelines.

Recommendations:

- Wear sling for 3-4 weeks
- No driving until patient has painless, functional ROM (usually 4-6 weeks)
- Ice 3-4 times per day as needed for the first week, then as needed thereafter
- No shoulder extension and/or resisted elbow flexion for 6 weeks to protect repair (i.e. No reaching behind back, no carrying gallon of milk, no pulling doors opening, etc.)
- Return to work and sport to be determined on an individual basis by the physician

Postop Protocol:

0-4 Weeks:

- Instruct family member in proper PROM techniques and ROM limitations (if any). Have them perform a supervised demonstration.
- Educate on importance of proper posture in sitting and standing
- Wean from sling (daytime) **in a controlled environment** after 2-3 weeks, nighttime after 3-4 weeks, and discontinue completely by the end of 4 weeks. **No** active arm swinging until after 4 weeks.
- PROM to tolerance (avoid joint distraction, end ranges of internal rotation and external rotation, and extension).
- AROM of the elbow, wrist, and hand.

- Begin submaximal isometrics in all shoulder planes (avoid elbow flexion and shoulder forward elevation isometrics).
- Gentle active shoulder external rotation in side-lying.
- Supine passive external rotation stretching with cane (keep elbow supported and flexed to 90°).
- Soft tissue massage once portals heal.
- Begin gentle manual resistance for scapular protraction/retraction and elevation/depression.
- Initiated general cardiovascular training (as appropriate) including walking (no shoulder extension), stationary cycling, etc.

4-6 Weeks:

- Begin AAROM
- Educate on importance of proper posture in sitting and standing
- Cane raises with slow progression from supine to standing position.
- Begin pulleys in the forward elevation plane.
- UBE (no distraction).
- Add light resistance to side-lying external rotation.
- Gentle open kinetic chain rhythmic stabilization progression in supine.

6-8 Weeks:

- Begin AROM and progress to PROM within pain-free ranges
- **Full PROM by 8 weeks**
- Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation ($\leq 90^\circ$). Progressed to prone horizontal abduction (thumbs up) at 100° of abduction, prone external rotation in 90/90 position, and prone extension, all within pain-free ROM.
- Initiates scapulothoracic strengthening exercises including seated rows. Progress to prone horizontal abduction (thumbs up) at 150° and 90° of abduction (last 20° of available range only).
- Begin gentle closed kinetic chain balance and stabilization progressions.
- Initiate resistive elbow flexion.
- Begin upper extremity endurance training on UBE as appropriate.

8-10 Weeks:

- **Progress AROM**
- **Emphasize concepts of proper frequency, duration, and intensity of training**
- Progress PRE's as tolerated.
- Initiate manual resistive exercises including PNF techniques.
- Progress CKC exercises including seated press ups, step ups, BAPS board, treadmill, and pushups with a plus (wall to floor progression).

- Begin low-level plyometric progression including 2- hand plyoback toss, ball dribbling, etc.

10-12 Weeks:

- **Equal strength, bilaterally, by 12 weeks**
- Begin ice to kinetic internal and external rotation (0° abduction → scapular plane → 90/90° position progression).
- Initiate work specific activities as appropriate.
- Begin limited sports specific activities.

12+ Weeks:

- Progress sports specific activities including interval throwing and swinging programs.
- Return to sports to be determined by MD (usually 4 months).