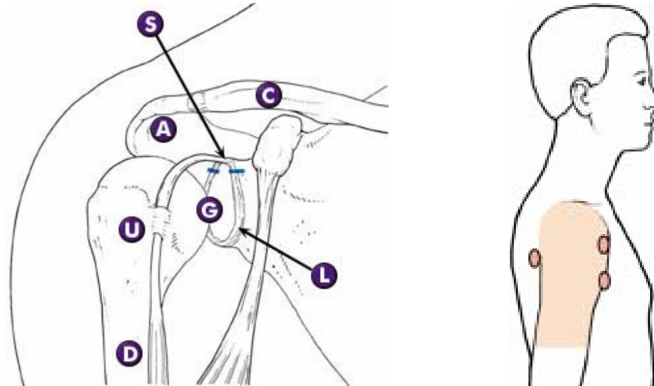
East Cheshire NHS
NHS Trust

ORTHOPAEDIC PHYSIOTHERAPY DEPARTMENT

ARTHROSCOPIC SLAP REPAIR



KEY
A Acromion **C** Clavicle **D** Humeral shaft **G** Glenoid **L** Labrum **S** S.L.A.P. lesion **U** Biceps long head tendon

Patient to be seen within 3 weeks of discharge from the Orthopaedic Unit at Macclesfield District General Hospital

OPERATION

The authors recognise that there are sub-categories of S.L.A.P. lesion but, as this is a guide, we have endeavoured to select what is considered to be the safest approach for all lesions.

Purpose
To repair the damaged origin of the long head tendon of the biceps muscle. The lesion is a tear of the Superior Labrum Anterior and Posterior (S.L.A.P.) to the long head of biceps.

Case profile
Patients with pain from their S.L.A.P. lesion.

Portals
Posterior - Arthroscope.
Antero-lateral - Arthroscopic tools.
Anterior - Used for gleno-humeral joint assessment and as an outflow portal.

Procedure
Reattachment long head tendon of the biceps muscle to the supraglenoid tubercle region.

Possible associated procedures
Arthroscopic assessment of the gleno-humeral joint. Repair of any associated Bankart lesion.

Main possible complications

Neurovascular.
Recurrent detachment.

THERAPIST

In patient

- Patient instructed to wear polysling/external rotation sling constantly for 3 weeks (dependent on post-operative instructions) – only to be removed for exercises and washing and dressing.
- Taught correct procedure for washing and dressing.
- Teach elbow, wrist and hand exercises.
- Postural awareness taught.
- Physiotherapy out patient appointment made for 3 weeks.

3 weeks

- No resisted biceps exercises.
- Active assisted glenohumeral joint exercises.
- Sub-maximal isometric rotator cuff exercises.*
- Scapula stabiliser exercises in neutral.
- No combined external rotation/abduction.
- Proprioception exercises (closed chain)

6 weeks

- No resisted biceps exercises.
- Correct abnormal movement pattern.
- Progress scapular stabilisation programme.
- Start rotator cuff rehabilitation – resisted exercises with theraband
- Introduce combined external rotation/abduction.
- Gentle posterior capsule stretches if indicated.

12 weeks

- Progress rotator cuff rehabilitation.
- Start resisted biceps exercises.
- Start proprioception exercises.
- Sports specific rehabilitation.

MILESTONES	
Week 6	Full active range of elevation
Week 12	Posterior capsule mobility at least 70% of asymptomatic side FAROM demonstrating dynamic stability through range

* Isometric contraction < 30% maximum voluntary contraction.

Functional Activities

Driving	After 6 weeks
Swimming	Breaststroke 3 weeks Freestyle 6 weeks
Golf	6 weeks
Contact sports	Surgeon decision
Lifting	Light lifting (cup of tea) 3 weeks Heavy lifting 6 months
Return to work	Sedentary 6 weeks Manual – guided by surgeon