
SLAP Repair Rehab Protocol

POST OPERATIVE MANAGEMENT

- Pain control with ice and anti-inflammatory
- Protect repair in sling x4-6 weeks

Phase I- Immediate Postoperative Phase “Restrictive Motion” (Week 0-6)

Week 0-2:

- Maintain elbow/hand ROM with hand gripping exercises
- Passive ROM exercises
 - Flexion to 60 degrees (Week 2: Flexion to 75 degrees)
 - Elevation in scapular plane to 60 degrees
 - ER/IR with arm in scapular plane less than 30 degrees
 - WE with arm at the side to 0 degrees
 - IR to 45 degrees
- ***NO active ER, extension, or abduction***
- Submaximal isometrics for shoulder musculature
- Start active biceps at week 2 but no resisted biceps contraction

Week 3-4:

- Discontinue sling at 4 weeks
- Continue Passive ROM exercises
 - Flexion to 90 degrees
 - Abduction to 75-85 degrees
 - ER in scapular plane at 30 degrees abduction to 30 degrees
 - IR in scapular plane at 30 degrees abduction to 55-60 degrees
 - NO active ER, extension, or elevation
- *** Progress based on evaluation of the patient***
- Initiate rhythmic stabilization drills
- Initiate proprioception training
- Continue isometrics

Week 5-6:

- Gradually improve ROM and begin AROM
 - Flexion to 145 degrees
 - ER at 45 degrees abduction: 45-50 degrees
 - IR at 45 degrees abduction: 55-60 degrees
 - At 6 weeks begin light and gradual ER at 90 abduction- progress to 30-40 ER
- May initiate stretching exercises
- May initiate light (easy) ROM at 90 degrees abduction
- Continue tubing ER/IR (arm at side)
- PNF manual resistance
- Initiate active shoulder abduction without resistance
- Initiate “Full Can” exercise with weight of arm
- Initiate prone rowing, prone horizontal abduction
- OK to begin biceps isotonic (light) at 6 weeks

Phase II- Intermediate Phase: Moderate Protection Phase (Week 7-14)

Week 7-9:

- Gradually progress ROM
 - Flexion to 180 degrees
 - ER at 90 degrees abduction: 90-95 degrees
 - IR at 90 degrees abduction: 70-75 degrees
- Continue to progress isotonic strengthening program
- Continue light biceps isotonic
- Continue PNF strengthening
- Initiate Throwers Ten Program

Week 10-12:

- Full AROM allowed in all directions
- May initiate slightly more aggressive strengthening
- Progress ER to throwers motion
- ER at 90 degrees abduction: 110-115 in throwers
- Progress isotonic strengthening exercises
- Continue all stretching exercises
- Continue all strengthening exercises

Phase III- Minimal Protection Phase (Week 14-20)

Criteria to enter Phase III:

1. Full non-painful ROM
2. Satisfactory stability
3. Muscular strength (good grade or better)
4. No pain or tenderness

Week 14-16:

- Continue all stretching exercises (capsular stretches)
- Maintain throwers motion (Especially ER)
- Continue strengthening exercises
- Throwers Ten Program or fundamental exercises
- PNF manual resistance
- Endurance training
- Initiate light plyometric program
- Restricted sport activities (light swimming, half golf swings)

Week 16-20:

- Continue all exercise listed above
- Continue all stretching
- Continue Throwers Ten Program
- Continue Plyometric Program
- Initiate interval sport program (throwing, etc)

Phase IV- Advanced Strengthening Phase (Week 20-26)

Criteria to enter Phase IV:

1. Full non-painful ROM
2. Satisfactory static stability
3. Muscular strength 75-80% of contralateral side
4. No pain or tenderness

*OK to return to contact sports or heavy labor if above criteria met at 20 weeks

Week 20-26:

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual resistance patterns
- Plyometric strengthening

- Progress interval sport programs

Phase V- Return to Activity Phase (Month 6 to 9)

Criteria to enter Phase V:

1. Full functional ROM
2. Muscular performance isokinetic (fulfills criteria)
3. Satisfactory shoulder stability
4. No pain or tenderness

*OK to return to pitching if above criteria met and has successfully completed the interval throwing program with pain or recurrent symptoms

Exercises

- Gradually progress sport activities to unrestricted participation
- Continue stretching and strengthening program

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician