Central Indiana Orthopedics 14300 E 138th St Building B Fishers, IN 46037

SLAP Repair PT protocol

Phase I – Immediate Post-Surgical

Weeks 0-2 Post-op

- 1. Compliant with sling/ABD pillow
- 2. P/AAROM FL to 120, IR/ER to 30
- 3. Compliant with HEP given prior to/at time of surgery

Phase II – Graded AROM/Strengthening (Start of formal PT)

Weeks 3-6 Post-op

- 1. Progress P/AA/AROM within tolerance
- 2. No ER with ABD \geq 90
- 3. No resisted elbow flexion and no lifting
- 4. Can initiate grades I and II GHJ mobs

Weeks 7-9 Post-op

- 1. Can initiate grades III and IV GHJ mobs
- 2. Progress isotonics and closed-chain exercises
- 3. Elbow flexion ≤ 5 #
- 4. Full AROM

Weeks 10-11 Post-op

- 1. Can increase height of ER/IR t-band from $45 \rightarrow 90$ ABD
- 2. Elbow flexion ≤ 10 #, no overhead lifting ≥ 5 #

Phase III – Advanced Strengthening for Return to Sport (Optional Phase, dependent on patient's needs)

Weeks 12-15 Post-op

1. Initiate plyometrics and/or isokinetic strengthening as appropriate

Weeks 16-24 Post-op

- 1. Initiate interval throwing and/or sport-specific training
- 2. Incorporate isokinetic testing as appropriate

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The following protocol was developed for patients following SLAP (superior labrum anterior to posterior) repair. Surgery and rehab will differ depending on the type of lesion. Types I and III are usually treated with debridement. The biceps tendon is stable, so post-op rehab can progress as tolerated. Types II and IV indicate an unstable biceps tendon requiring repair. This protocol addresses ROM limitations and limited active biceps work necessary for the type II/IV repairs. This is a guideline and may be adjusted based on clinical presentation and the MD's guidance.

erventions	Goals (by end of 2 weeks post-op)	Precautions
1. P/AAROM FL to 120 and IR/ER to 30	1. I with HEP 2. PROM FL/Scaption 120	 FL/Scaption ≤ 120 ER/IR ≤ 30
 Pendulums/Codman's Scapular mobility/ 	3. PROM ER/IR 30 4. Full elbow, wrist, and	Compliant with sling and ABD pillow
Scapular retraction 4. AROM elbow flexion/extension	hand AROM	No loaded elbow flexion/supination (no
5. AROM hand, wrist, and gripping		loaded bicep beyond AROM)
6. Submaximal pain-free isometrics for ER/IR, ABD, and ADD		

Patient: _____ DOS: _____

Interventions	Goals (by end of 6 weeks post-op)	Precautions
1. GH joint mobs (grades I	1. I with HEP	 No resisted elbow
and II)	2. Gradually restore full	flexion
2. Progress P/AA/AROM	PROM	 No lifting
within tolerance	3. Restore scapulohumeral	• No ER with ABD \geq 90
3. Progress scapular	rhythm/scapular girdle	 Progress IR as
mobility in side lying	mechanics	tolerated, taking
4. UBE with low	4. Full pain-free AROM	caution with HBB
resistance	elbow flexion	position
5. Initiate t-band ER/IR	5. Improving ability to	 Avoid lifting or
isometrics in neutral	brush/comb hair (if	forceful forearm
(sidestepping)	dominant arm)	activities (ex.
6. Rhythmic stabilization	6. Uninterrupted sleep	screwdriver?) as well
progression		as forceful
7. PNF diagonals with		pushing/pulling
light/moderate manual		
resistance (caution with		
extremes of D2 flexion)		

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8. Incorporate BFR as appropriate		
Meeks 7-9 Post-op Interventions 1. Can use more aggressive GH joint mobs (grades III and	Goals (by end of 9 weeks post-op) 1. I with HEP 2. AROM WNL 3. Able to reach behind back	Precautions No lifting > 5# OK to gradually progress ER ROM in
IV) PRN to restore PROM	for wallet 4. Able to lift plate into eye	90 ABD
2. Elbow flexion with up to 5#	level cabinet	
 Progress above as tolerated 		
 Progress isotonics as able (t-band/ light weight) 		
5. Progress closed-chain exercises (ex. wall push-ups)		

This may be the end phase for non-athlete population. Discuss DC plans with MD as appropriate if patient does not require return to sport activities.

Interventions	Goals	(by e	end of 11 weeks post-op)	Precau	tions
1. Progress above	as	1.	MMT 4/5 for elbow FL	•	No unilateral lifting
tolerated			and shoulder FL, ABD,		overhead > 5#
2. T-band ER/IR	(Must be		ER/IR	•	Up to 10# unilateral
pain-free and		2.	Able to lift 5# into OH		carry
demonstrate go			cabinet		•
mechanics with	1	3.	Ensure good		
increased inten	sity and		scapulohumeral rhythm		
speed)			with		
3. Incorporate mo	re		strengthening/functional		
closed-chain sc	apular		activities		
stability (ex. qu	ıadruped,	4.	Able to tuck in shirt and		
tripod, sidelyin	g) and		fasten bra		
progress to incl	lude WB				
on unstable sur	faces for Exam	ples o	of Exercises		
increased	ex. gr	adual	ly increase amounts of		
proprioception	abduc	tion l	R/ER is performed in		
			associated hip/core		
	move	ments	s; incorporate Jobe's		
	exerci	ises; l	PNF patterns; modified		
	plank	holds	s, with and without		
	associ	iated	movements; incorporate		

___/__to___/__

___/__to___/__

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BOSU; think sport-specific movements

Phase III – Advanced Strengthening for Return to Sport

Weeks 12-15 Post-op

Interventions	Goals (by end of 15 weeks post-	Precautions/Suggestions for
	op)	Return to Sport
Progress above, increasing resistance/repetitions	 MMT 5/5 shoulder musculature Able to place ≥ 10# in 	Gradually progress exercise, taking caution with those
 2. Add plyometrics/ plyoball exercises as appropriate Chest pass Overhead throw Side throw One-handed ball on wall 	overhead cabinet	which could stress the repair like wide- grip bench presses and overhead tricep presses Avoid behind neck pull downs and overhead presses
3. Isokinetic strengthening PRN		 Emphasize hands being visible and medium width with shoulder presses and pull-downs; utilize spotter for incline press Bent elbows on flys; keep in front of body No dips below 90 Upright row no higher than elbow at shoulder height

Weeks 16-24 Post-op

Interventions	Goals (by end of 6 months post-	Precautions/Suggestions –
	op)	Long-Term
 Initiate interval throwing program Initiate sport-specific functional training 	 Return to sport/activity I with HEP progression Isokinetic testing PRN 	Avoid overhead presses/behind the head pull downs