



**Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service**

SLAP Repair Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: SLAP tear

Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-6: Phase I

Sling Immobilizer: At all times except for showering and exercise
Discontinue after 4 weeks

Exercises: Passive ER and extension to neutral
Passive FF in scapular plane to 90
AROM wrist/elbow
Scapular "pinches"
Pain free submaximal deltoid isometrics
Modalities as needed

Advancement Criteria: ER to neutral
FF in scapular plane to 90 Minimal pain and inflammation

Weeks 6-10: Phase II

Exercises: Active assisted FF in scapular plane to 145 (wand exercises, pulleys)
Active assisted ER to 30 degrees until week 6
Manual scapular side-lying stabilization exercises
IR/ER submaximal, pain free isometrics
IR/ER isotonic strengthening at 6 weeks
Begin humeral head stabilization exercises
Begin latissimus strengthening: limited to 90 deg FF
Modalities as needed

Advancement Criteria: FF to 145
ER to 60
Normal scapulohumeral rhythm
IR/ER strength 5/5
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR - no limits
Aggressive scapular and latissimus strengthening
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
Isokinetic training and testing
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninjured side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin Throwing program

- Begin light tennis ball tossing at 20-30 ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds - with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
- Emphasize posterior capsule stretching

Discharge Criteria: Isokinetic IR/ER strength equal to uninjured side
Independent HEP
Independent, pain-free sport or activity specific program