

SLAP REPAIR REHABILITATION PROTOCOL

Phase I Weeks 0-4:

- Sling for 4 weeks
- Progress PROM to AAROM based on patient's tolerance
 - ROM limits: 90° FF/20° ER at side
- No AROM external rotation, extension or abduction
- No IR up the back; No ER behind the head
- No resisted FF or biceps strengthening **until 6 weeks** post-op as to not stress the biceps root

Phase II Weeks 4-8:

- Wean out of sling
- Progress passive and active assisted ROM. Begin AROM as pain allows.
 - ROM limits: 140° FF, 40° ER at side, 60° ABD, IR behind back to waist
- Strengthening (isometrics/light bands) within AROM limitations
- Begin strengthening scapular stabilizers (traps/rhomboids/lev scap/etc)
- Physical modalities per PT discretion

Phase III Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps, 2-3 sets for rotator cuff, deltoid, and scapular stabilizers

Phase IV Months 3-12:

- Only do strengthening 3 times a week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months and begin internal throwing program
- Throw from pitcher's mound at 6 months