



SLAP Repair Rehabilitation Protocol Nick Avallone, M.D.

MD visit at 7 days post-op
Physical therapy begins at 2 weeks post-op

Phase I: 0-4 weeks after surgery

Goals

- Protect the surgical repair
- Ensure wound healing
- Prevent shoulder stiffness
- Regain range of motion
- Control pain and swelling

Sling

- Use your sling at all times except showering, changing clothes and performing exercises. Exercises

Program

- Pendulum exercises
- Supine External Rotation
- Supine assisted arm elevation
- Behind the back internal rotation
- Isometric exercises: internal and external rotation at neutral
- Rhythmic stabilization and proprioceptive training drills with Physical Therapist
- Ball squeeze exercise
- Scapular retraction

Phase II: 5 to 7 weeks after surgery

Goals

- Protect the surgical repair, improve range of motion of the shoulder
- Begin gentle strengthening

Sling

- Sling is no longer necessary (use it for comfort only)
- You can now move your arm for most daily activities, but you need to continue to be careful not to lift objects heavier than 1 or 2 pounds. You should avoid forceful pushing or pulling activities. You should avoid activities that load the biceps muscle, such as



turning a screwdriver or carrying a heavy box. You should continue to avoid reaching behind you or other positions with the hand behind the head.

Program

- Stretching/active motion
- Pendulum exercises
- Theraband internal and external rotation
- Supine external rotation
- Standing forward flexion (scaption)
- Standing external rotation prone row
- Supine passive arm elevation
- Prone horizontal abduction 'T's prone extension
- Seated-standing arm elevation
- Behind the back internal rotation
- Prone extension
- Sidelying external rotation
- Bicep curls (starting week 6 after surgery)

Phase III: 8 to 12 weeks after surgery

Goals

- Protect the surgical repair, regain full range of motion, continue strengthening progression

Use of the operated arm

- You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could still disrupt the healing of your surgical repair.

Program

- Stretching/range of motion
 - Pendulum exercises
 - Standing external rotation / doorway seated row
 - Wall slide stretch
 - Hands-behind-head stretch (starting the 9th week after surgery)
 - Standing forward flexion behind the back internal rotation
 - Supine cross-chest stretch
 - Sidelying internal rotation (sleeper stretch)
- Strengthening/Theraband
 - External rotation



- Internal rotation
- Standing forward punch
- Shoulder shrug
- Dynamic hug
- "W"s
- Seated row (start the 11th week after surgery)
- Strengthening/dynamic
 - Side-lying external rotation
 - Prone horizontal arm raises "T's"
 - Prone row
 - Prone scaption "Y's"
 - Prone extension
 - Standing forward flexion "full can" scaption
 - Rhythmic stabilization and proprioceptive training drills with Physical Therapist

Phase IV: 12 to 16 weeks after surgery

Goals

- Gradual initiation of functional activities, maintain full range of motion, continue progressive strengthening

Program

- Stretching/range of motion
 - Pendulum exercises
 - Standing external rotation / doorway
 - Wall slide stretch
 - Hands-behind-head stretch
 - Behind the back internal rotation
 - Supine cross-chest stretch
 - Sidelying internal rotation (sleeper stretch)
 - External rotation at 90° abduction stretch
- Strengthening/Theraband
 - Continue exercises from phase 3
 - Optional exercises for overhead sports: external rotation at 90°
 - Internal rotation at 90°
 - Standing 'T'
 - Diagonal up
 - Diagonal down
- Strengthening/dynamic
 - Continue exercises from phase 3
 - Prone external rotation at 90° abduction "U's"
 - Biceps curls



- Resisted forearm supination-pronation
- Resisted wrist flexion-extension
- PNF manual resistance with physical therapist
- Push Ups
- Plyometrics
 - 'Rebounder' throws with arm at side
 - Wall dribbles overhead
- Weight training
 - Standing lateral deltoid raises (avoid)
 - Chest fly (avoid lowering hands below/behind chest level)
 - Pec deck machine (avoid elbows pulled behind the plane of the chin)
 - Triceps dips are never allowed
 - Upright rower (do not pull too high, keep grip approx 12" wide)

Phase V: 16 to 20 weeks after surgery

Goals

- Progression of functional activities, maintain full range of motion, continue progressive strengthening

Program

- Stretching range of motion
 - Continue all exercises from phase IV
- Strengthening/Theraband
 - Continue from phase IV
- Strengthening/dynamic
 - Continue from phase 4
- Plyometric program
 - Per physical therapist
 - 'Rebounder' throws with arm at side
 - Wall dribbles overhead
 - Rebounder throwing/weighted ball
 - Deceleration drills with weighted ball
 - Wall dribbles at 90⁰
 - Wall dribble circles
- Interval sports programs
 - To be initiated with Physical Therapist

References of adaptation:

Rehabilitation following Arthroscopic Labrum Repair of the Shoulder (SLAP).Massachusetts General Hospital; Boston, MA.



The above protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the Physical Therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.