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## 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 isotonic and closed-chain exercises
3. Elbow flexion  $\leq 5\#$
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  $\leq 10\#$ , no overhead lifting  $\geq 5\#$

### 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

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.

Patient: \_\_\_\_\_ DOS: \_\_\_\_\_



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**Phase I – Immediate Post-Surgical Weeks 0-2 Post-op**

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*Patient to follow HEP given prior to/at surgery for Phase I exercises – pendulum, elbow/wrist/hand ROM, scapular retraction.*

Interventions	Goals (by end of 2 weeks post-op)	Precautions
1. P/AAROM FL to 120 and IR/ER to 30 2. Pendulums/Codman's 3. Scapular mobility/ Scapular retraction 4. AROM elbow flexion/extension 5. AROM hand, wrist, and gripping 6. Submaximal pain-free isometrics for ER/IR, ABD, and ADD	1. I with HEP 2. PROM FL/Scaption 120 3. PROM ER/IR 30 4. Full elbow, wrist, and hand AROM	<ul style="list-style-type: none"> <li>FL/Scaption ≤ 120</li> <li>ER/IR ≤ 30</li> <li>Compliant with sling and ABD pillow</li> <li>No loaded elbow flexion/supination (no loaded bicep beyond AROM)</li> </ul>

**Phase II – Graded AROM/Strengthening Weeks 3-6 Post-op**

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*Patient to start PT here. They discontinue ABD pillow use, but continue in sling until 6 weeks post-op.*

Interventions	Goals (by end of 6 weeks post-op)	Precautions
1. GH joint mobs (grades I and II) 2. Progress P/AA/AROM within tolerance 3. Progress scapular mobility in side lying 4. UBE with low resistance 5. Initiate t-band ER/IR isometrics in neutral (sidestepping) 6. Rhythmic stabilization progression 7. PNF diagonals with light/moderate manual resistance (caution with extremes of D2 flexion) 8. Incorporate BFR as appropriate	1. I with HEP 2. Gradually restore full PROM 3. Restore scapulohumeral rhythm/scapular girdle mechanics 4. Full pain-free AROM elbow flexion 5. Improving ability to brush/comb hair (if dominant arm) 6. Uninterrupted sleep	<ul style="list-style-type: none"> <li>No resisted elbow flexion</li> <li>No lifting</li> <li>No ER with ABD ≥ 90</li> <li>Progress IR as tolerated, taking caution with HBB position</li> <li>Avoid lifting or forceful forearm activities (ex. screwdriver?) as well as forceful pushing/pulling</li> </ul>



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Weeks 7-9 Post-op

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Interventions	Goals (by end of 9 weeks post-op)	Precautions
<ol style="list-style-type: none"> <li>Can use more aggressive GH joint mobs (grades III and IV) PRN to restore PROM</li> <li>Elbow flexion with up to 5#</li> <li>Progress above as tolerated</li> <li>Progress isotonic as able (t-band/ light weight)</li> <li>Progress closed-chain exercises (ex. wall push-ups)</li> </ol>	<ol style="list-style-type: none"> <li>I with HEP</li> <li>AROM WNL</li> <li>Able to reach behind back for wallet</li> <li>Able to lift plate into eye level cabinet</li> </ol>	<ul style="list-style-type: none"> <li>No lifting &gt; 5#</li> <li>OK to gradually progress ER ROM in 90 ABD</li> </ul>

Weeks 10-11 Post-op

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*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 end of 11 weeks post-op)	Precautions
<ol style="list-style-type: none"> <li>Progress above as tolerated</li> <li>T-band ER/IR (Must be pain-free and demonstrate good mechanics with increased intensity and speed)</li> <li>Incorporate more closed-chain scapular stability (ex. quadruped, tripod, sidelying) and progress to include WB on unstable surfaces for increased proprioception</li> </ol>	<ol style="list-style-type: none"> <li>MMT 4/5 for elbow FL and shoulder FL, ABD, ER/IR</li> <li>Able to lift 5# into OH cabinet</li> <li>Ensure good scapulohumeral rhythm with strengthening/functional activities</li> <li>Able to tuck in shirt and fasten bra</li> </ol> <p><u>Examples of Exercises</u>            ex. gradually increase amounts of abduction IR/ER is performed in and add in associated hip/core movements; incorporate Jobe's exercises; PNF patterns; modified plank holds, with and without associated movements; incorporate BOSU; think sport-specific movements</p>	<ul style="list-style-type: none"> <li>No unilateral lifting overhead &gt; 5#</li> <li>Up to 10# unilateral carry</li> </ul>



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### Phase III – Advanced Strengthening for Return to Sport

Weeks 12-15 Post-op

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Interventions	Goals (by end of 15 weeks post-op)	Precautions/Suggestions for Return to Sport
<ol style="list-style-type: none"> <li>1. Progress above, increasing resistance/repetitions</li> <li>2. Add plyometrics/plyoball exercises as appropriate               <ul style="list-style-type: none"> <li>• Chest pass</li> <li>• Overhead throw</li> <li>• Side throw</li> <li>• One-handed ball on wall</li> </ul> </li> <li>3. Isokinetic strengthening PRN</li> </ol>	<ol style="list-style-type: none"> <li>1. MMT 5/5 shoulder musculature</li> <li>2. Able to place ≥ 10# in overhead cabinet</li> </ol>	<ul style="list-style-type: none"> <li>• Gradually progress exercise, taking caution with those which could stress the repair like wide-grip bench presses and overhead tricep presses</li> <li>• Avoid behind neck pull downs and overhead presses</li> <li>• Emphasize hands being visible and medium width with shoulder presses and pull-downs; utilize spotter for incline press</li> <li>• Bent elbows on flys; keep in front of body</li> <li>• No dips below 90</li> <li>• Upright row no higher than elbow at shoulder height</li> </ul>

Weeks 16-24 Post-op

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Interventions	Goals (by end of 6 months post-op)	Precautions/Suggestions – Long-Term
<ol style="list-style-type: none"> <li>1. Initiate interval throwing program</li> <li>2. Initiate sport-specific functional training</li> </ol>	<ol style="list-style-type: none"> <li>1. Return to sport/activity</li> <li>2. I with HEP progression</li> <li>3. Isokinetic testing PRN</li> </ol>	<ul style="list-style-type: none"> <li>• Avoid overhead presses/behind the head pull downs</li> </ul>