SLAP REPAIR PHYSICAL THERAPY PROTOCOL

Name_________________________________________________________ Date__________________

Diagnosis s/p RIGHT/LEFT SLAP Repair

Date of Surgery_________________________

Frequency: _______times/week   Duration: _______ Weeks

Week 0-1: Patient to do Home Exercises given to the post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

_____Weeks 1-4:
No IR up the back; No ER behind the head
ROM goals: 90° FF/20° ER at side
No resisted FF or biceps until 6 weeks post-op as to not stress the biceps root
Sling for 4 weeks
Heat before/ice after PT sessions

_____Weeks 4-8:
D/C sling
Increase AROM 140° FF/ 40° ER at side/ 60° ABD/ IR behind back to waist
Strengthening (isometrics/light bands) within AROM limitations
Also start strengthening scapular stabilizers (traps/rhomoids/lev. scap/etc)
Physical modalities per PT discretion

_____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 set per rotator cuff, deltoid, and scapular stabilizers

_____Months 3-12:
Only do strengthening 3x/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 at 12 weeks.
Begin sports related rehab at 3 months, including advanced conditioning
Return to throwing at 4 months
Throw from pitcher’s mound at 6 months
MMI is usually at 12 months

_____ Functional Capacity Evaluation   _____Work Hardening/Work Conditioning   _____ Teach HEP

Modalities
___Electric Stimulation   ___Ultrasound   ___Iontophoresis   ___Phonophoresis   ____ Heat before   ____ Ice after ___Trigger points massage   ___TENS   ____ Therapist’s discretion

Signature__________________________________________ Date__________________