

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 to avoid stressing 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