

# SLAP Repair

## Rehabilitation Protocol

Mark McKenna, M.D., Modified October 2013

Sling for four weeks, except for bathing. Cryotherapy and TENS if indicated for pain.

Post-op day 1, DOS: \_\_\_\_\_ –

- AROM exercises of hand, wrist and elbow with isometric ER/IR, and deltoid exercises.
- Pendulum exercises, scap retraction/depression at week one.
- No biceps tension for 6 weeks post-op

At 2 weeks post-op, Begin Date: \_\_\_\_\_ –

- Initiate AROM and PROM in all planes except external rotation in abduction.
- Focus on activation of scapular control with scapulothoracic dissociation from scapulohumeral motion

At 4 weeks post-op, Begin Date: \_\_\_\_\_ –

- Progress PROM, emphasize end-range motion and posterior capsule stretching.
- Initiate light CKC activities

At 6 weeks post-op, Begin Date: \_\_\_\_\_ –

- External rotation in abduction is allowed, with continued stretching.
- Full AROM at 8 weeks
- Initiate strengthening program with Therabands and progress as tolerated (Deltoid, rotator cuff, scapular stabilizers, biceps, triceps).
- Progress CKC gradually to full WB'ing

At 8-10 weeks post-op, Begin Date: \_\_\_\_\_

- Initiate overhead strengthening as tol and with good scapulohumeral control
- Progress towards return to sport training gradually

Upper extremity sports allowed at three months, except for throwing which may begin at 4 months with a progressive program with MD release.