



PT Protocol
SLAP Repair
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Phase 1: 0-6 Weeks

Goals

Protect the repair, ADL strategies and sling management, begin range of motion

Sling

0-3 Weeks: Essentially full time with abduction “pillow”

3-6 Weeks: May discontinue “pillow” and use sling as needed

Range of Motion

Avoid stretching into external rotation or flexion for 6 weeks

Pendulum/Codman exercises begin day 1

0-3 Weeks: AAROM: Flexion 90 degrees, ER 20 degrees, Abd 45 degrees

3-6 Weeks: AROM: Flex 150 degrees, ER 45 degrees, Abd 90 degrees

Strength

0-2 Weeks: Begin squeeze ball, elbow, wrist and hand active movement day 1

2-4 Weeks: Isometrics for shoulder in all planes from neutral starting point

Scapular retractions, shrugs

Lower extremity strengthening, bike, elliptical (in sling)

4-6 Weeks: Light band work; IR, ER, row

Wand exercises (beginning supine), Wall walks

Prone shoulder extension and row to neutral



Phase 2: 6-12 Weeks

Goals

Restore full range of motion, advance strength, discontinue sling

Range of Motion

Expect gradual progress through this phase

May use shoulder mobilization techniques and gentle stretching

Strength

6-8 Weeks: Scapular retraining, retraction, protraction, shrugs

Rotator cuff, band exercises with arm at side or side lying

UBE with low resistance

Blood Flow Restriction training (BFR)

8-12 Weeks: Scapular retraining progressing resistance

Rotator cuff continues may add alternate starting points

Wall push ups to press plus position, biceps, triceps strength

Add core work, advance lower extremity strengthening

Conditioning

Increase bike and elliptical work

Jogging when scapular stability and dynamics are good

Aqua jogging



Phase 3: 3-6 Months

Goals

Advance to closed chain shoulder exercises, emphasize core strength, prepare for throwing

Range of Motion

Expect nearly full range by 12 weeks, but subtle deficits are normal

Strength

12-16 Weeks: Push up progression emphasizing form, high planks when strength allows, chest press with dumbbells without shoulder going into extension. BFR

16-20 Weeks: Advance closed chain shoulder work from high plank position (walks, tennis ball catch and toss, alternating shoulder touches, dead bug, side plank). Pitch back plyometric ball toss (light) emphasizing form

Conditioning

Focus on total body conditioning especially core, legs, and aerobic fitness
Hand eye drills with balance (BOSU ball toss), add perturbation when ready
Supine two handed medicine ball toss and catch, after 20 weeks may do medicine ball work upright

Plyometrics and Agility

Add lower extremity plyometrics and agility when able to sprint at 3/4 speed
Upper body plyometrics with pitch back

Criteria for Throwing Progression

Excellent scapular mechanics
Pitch back continuously for one minute with light ball
0/10 on pain scale



Phase 4: Return to Full Activity

Goals

Return to full activity, emphasize importance of continuing program

Strength

Pitch back ball weight increases

Advance as tolerated, continue to protect capsule as chest press gets heavier (don't lower bar to chest on bench press for example)

Conditioning, Plyometrics and Agility

Throwing progression adding mound (when applicable)

Sport specific agility work

Increase endurance

Criteria for Return to Play

0/10 pain at rest and with exertion

One minute high plank alternating shoulder touches

>95% ER and IR endurance compared to uninjured side

MD approval