**SLAP REPAIR PROTOCOL**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

**\_\_\_\_\_\_Days 0-7**

• Home Exercises given post-op (pendulums; ROM elbow, wrist, hand, grip strengthening)

 **\_\_\_\_\_\_Weeks 1-4:**

• No internal rotation (IR) up the back; No external rotation (ER) behind the head

• Range of Motion (ROM) goals: 90° Forward Flexion (FF) / 20° ER at side

• No resisted FF or biceps until 6 weeks post-op to not strain the biceps root

• Sling for 4 weeks

• Heat before PT / Ice after PT

**\_\_\_\_\_\_Weeks 4-8:**

• Discontinue sling

• Increase Active ROM 140° FF / 40° ER at side / 60° Abduction / IR behind back to waist

• Strengthen (isometrics / light bands) within Active ROM limitations

• Start strengthening scapular stabilizers (traps / rhomboids / levator scapulae)

• Modalities per Physical Therapist discretion

**\_\_\_\_\_\_Weeks 8-12:**

• If ROM lacking, OK for gentle passive stretching at end range of motion until for ROM achieved

• Advance strengthening as tolerated: isometrics -> bands -> light weights (1-5 pounds) with 8 – 12 reps / 2 – 3 sets

 for rotator cuff, deltoid and scapular stabilizers

**\_\_\_\_\_\_Months 3-12:**

• Only do strengthening 3x/week to avoid rotator cuff tendonitis

• Begin eccentrically resisted motions, plyometrics (ex. weighted ball toss), proprioception, and closed chain

 exercises at 12 weeks

• Begin sports related rehab at 3 months, including advancing conditioning

• Return to throwing at 4 ½ months

• Throw from pitcher’s mound at 6 months

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_