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Superior Labral (SLAP) Repair Protocol

Name	Today's Date		
Diagnosis	Surgery Date		
Frequency: 1 2 3 4 5 times/week	Duration: 1 2 3 4 5 6 weeks	Side: R / L	
□ Evaluate only □ Provide home e	exercise program (HEP)		
□ Evaluate and Treat			
PHASE 1: Week 0-1: • Patient to do Home Exercises given post-op	o (pendulums, elbow ROM, wrist ROM, grip streng	thening)	
 PHASE 2: Weeks 1-4: PROM only until 2 weeks post-op, then beg No IR up the back; No ER behind the second of the sec	the head at side		
 Weeks 4-8: Begin AROM - Increase AROM to 140° forw Strengthening (isometrics/light bands) with Start strengthening scapular stabilizers (tra 		hind back to waist	
 Weeks 8-12: If ROM lacking, increase to full with gentle p Advance strengthening as tolerated: isomething deltoid, and scapular stabilizers 	passive stretching at end ranges etrics → bands → light weights (1-10 lbs); 8-12 rep	s/2-3 set per rotator cuff,	
 PHASE 5: Months 3-12: Only do strengthening 3x/week to avoid rot Begin UE ergometer 3 months - begin eccentrically resisted months - begin eccentrically resisted months - begin sports related rehab, included a 1/2 months - begin interval throwing progressing the months - can throw from pitcher's mounted months - can throw from pitcher's mounted months 	notions, plyometrics (for example, weighted ball tercises. uding advanced conditioning ram	toss), proprioception (for	
Comments:			
Modalities: Per therapist Electrical Stimula Aquatherapy Massage Trigger points			