



**DR. JONATHON HENRY
SLAP REPAIR POST-OP THERAPY PROTOCOL**

* If rotator cuff repair was completed with SLAP repair, please follow the RCR protocol with SLAP protocol PROM restrictions.

Phase 1 – Protection Phase (0-6 weeks)

Goals for Phase 1	Precautions for Phase 1
<ul style="list-style-type: none"> • Protect surgical shoulder • Pain control • Edema management • Prevent shoulder hypomobility – focus on posterior shoulder flexibility and minimizing IR and horizontal adduction loss 	<ul style="list-style-type: none"> • Sling immobilization for 6 weeks • No shoulder AROM • No isolated biceps contraction • No passive or forceful movements into shoulder ER, extension, and horizontal abduction

Shoulder PROM

- **Scaption**
 - **0-4 weeks:** 90 degrees (short lever to reduce tension on long biceps head)
 - **4-6 weeks:** 140 degrees
- **ER**
 - **0-4 weeks:** 0 degrees, arm at side
 - **4-6 weeks:** 50 degrees, arm at side OR in slight abduction (for overhead throwers only)
- **IR**
 - **0-4 weeks:** 35 degrees, arm at side
 - **4-6 weeks:** 60 degrees at 45 degrees abduction

Exercises

- Arm hangs
- Wrist and hand AROM
 - Gripping exercises (ball, sponge)
- Elbow/forearm PROM
 - Progressing to AAROM at 4 weeks if biceps tenodesis was done
- Cervical and thoracic spine mobility exercises / stretches
- Scapular retraction/clocks

Manual Therapy

- Gentle, scar tissue mobilization
- Desensitization of the axillary nerve distribution as needed

Modalities

- Cryotherapy, e-stim as needed



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Phase 2 – Restoring Motion (6-8 weeks)

Goals for Phase 2	Precautions for Phase 2
<ul style="list-style-type: none">• Discontinue use/wean from immobilization sling• Pain management/edema control• Obtain full PROM of shoulder, initiate AAROM• Initiate scapular stabilization exercises• Initiate light biceps activation AAROM	<ul style="list-style-type: none">• Avoid forceful progression of motion• Avoid any aggravating activity• Avoid resisted bicep activity to protect healing of the biceps anchor until status post 12 weeks

Continue PROM → AAROM

- Scaption
 - **6-8 weeks:** 160 degrees
- ER
 - Gradually increase by up to 10 degrees per week
 - 80 degrees with arm at side, then slowly working into 90 degrees abduction
- IR
 - 80 degrees at 45 degrees abduction, gradually progressing to 90 degrees abduction to prevent posterior capsule tightness (go slow and avoid aggressive end ROM in abduction)

AAROM Exercises

- Pulleys, table slides, wall climbs, dowel exercises
- Arm bike
- Joint mobilizations
 - Posterior capsule, scapular, SC/AC joints, cervical/thoracic spine
- Scar tissue mobilization
- Shoulder submaximal isometrics
 - IR/ER/abduction
- Initiation of proprioceptive/rhythmic stabilization exercises
- Core strengthening
- Cardiovascular component
 - Biking, walking

Modalities

- Cryotherapy, e-stim as needed



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Phase 3 – Active Range of Motion (8-12 weeks)

Goals for Phase 3	Precautions for Phase 3
<ul style="list-style-type: none">• Obtain full AROM without compensation	<ul style="list-style-type: none">• Avoid resisted bicep activity to protect healing of the biceps anchor until status post 12 weeks• Avoid IR stretching with combined extension as this increases the strain to anterior capsule

Shoulder AROM

- Supine, side lying, prone, reclined, seated, etc. to reduce strain on biceps
- Scaption and abduction 180 degrees
- ER 90 degrees at 90 degrees abduction
- IR 80 degrees at 90 degrees abduction

10 weeks: may initiate submaximal elbow flexion/extension isometrics

- Arm bike
- Shoulder circles/ABCs
- Gentle posterior capsule stretching
 - Sleeper stretch, across chest horizontal adduction stretch
- Joint mobilizations
 - Posterior capsule, scapulothoracic, SC/AC joints, cervical/thoracic spine
- Scapular stabilization exercises
- Rotator cuff strengthening in neutral (i.e. side lying ER, IR/ER TheraBand)
- Periscapular strengthening
- Serratus press
- Prone shoulder exercises
 - Extension to neutral, rows, horizontal abduction
- Standing TheraBand shoulder extension, rows
- Core strengthening
- Cardiovascular component
 - Biking, walking



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Phase 4 – Strengthening (12-16 weeks)

Goals for Phase 4	Precautions for Phase 4
<ul style="list-style-type: none">• Full shoulder AROM without compensation• Strength 5/5 for all motions	<ul style="list-style-type: none">• No swimming, throwing, or overhead sports• Keep activity at non-provocative intensities

Strengthening

- May initiate elbow flexion/extension strengthening
- Begin strengthening IR/ER through motion up to 90 degrees abduction
- Progress from cardinal plane strengthening into multidirectional strengthening
 - PNF
- Initiate closed-chained strengthening exercises
 - UE weight bearing through raised mat table
 - Incline against wall
 - Progress to lower incline until quadruped on floor
 - Quadruped to plank position on floor, progress double arm to single arm
- Continue neurodynamic/plyometric strengthening; emphasize eccentric strengthening
- Core strengthening
- Cardiovascular component
 - Biking, walking, elliptical, running



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Phase 5 – Advanced Strengthening (16+ weeks)

Goals for Phase 5	Precautions for Phase 5
<ul style="list-style-type: none">• Full shoulder ROM• Shoulder strength 5/5 for all motions• Transition to work conditioning as appropriate• Initiate sports type motions/intensities /velocities	<ul style="list-style-type: none">• Keep activity at non-provocative intensities

Return-to-Sport Activities

- May initiate return to throwing protocol and sport-specific activities
- Increase intensity, velocity, and power to meet patient's goals

Criteria to Return-to-Sport

- Isokinetic ER/IR < 10% deficit (compared to unaffected side)
- No or minimal compensatory shoulder elevation (shrugging) with active movement
- 0/10 pain
- 60-second plank on hands without scapular winging
- UE Y balance test 80% limb length for all three reaches (cross body, scaption, extension)
- Throwing athletes (refer to Thrower's Program)



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Phase 6 – Return-to-Activity/Sport (6-9 months)

- Gradually progress to unrestricted participation in contact sports
- Continue stretching/strengthening