



JAGLOWSKI
ORTHOPEDIC
INSTITUTE

Superior Labral Anterior Posterior (SLAP) Repair Rehabilitation Protocol

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** The following instructions represent general guidelines. Your personal instructions may be slightly different and will be conveyed to you by Dr. Jaglowski if this is the case. Post-operative instructions, physical therapy protocols, and useful information regarding your post-op care may be found electronically at www.jagsortho.com.**

PHASE I: Weeks 1-6

Goals: Protect repair, restore ROM

Sling Immobilizer:

- Worn at all times except for showering and Physical Therapy
- May transition out between 4 to 6 weeks.

Exercises:

- Passive ER and extension to neutral
- Passive FF in scapular plane to 90
- AROM wrist/elbow
- Scapular “pinches”
- Pain free submaximal deltoid isometrics
- Modalities as needed

Advancement Criteria:

- ER to neutral
- FF in scapular plane to 90
- Minimal pain and inflammation

PHASE II: Weeks 6-10

Goals: Advance ROM

Sling Immobilizer:

- Discontinue at or before week 6

Exercises:

- Active assisted FF in scapular plane to 145 (wand exercises, pulleys)
- Active assisted ER to 30 degrees until week 8 then advance as tolerated
- Manual scapular side-lying stabilization exercises
- IR/ER/FF submaximal, pain free isometrics
- IR/ER/FF isotonic strengthening at 8 weeks
- Begin humeral head stabilization exercises
- Begin latissimus strengthening limited to 90 deg FF
- Modalities as needed

Advancement Criteria:

- FF to 145
- ER to 60
- Normal scapulohumeral rhythm
- IR/ER strength 5/5
- Minimal pain and inflammation

PHASE III: Weeks 10-14

Goals: Restore function

Exercises:

- AAROM for full FF and ER
- AAROM for IR – no limits
- Aggressive scapular (especially mid and lower trapezius) and latissimus strengthening
- Continue RTC strengthening
- Begin biceps strengthening
- Progress IR/ER to 90/90 position if required
- Isokinetic training and testing
- General upper extremity flexibility exercises

Advancement Criteria:

- Normal scapulohumeral rhythm
- Full upper extremity ROM
- Isokinetic IR/ER strength 85% of uninvolved side
- Minimal pain and inflammation

PHASE IV: Weeks 14-18

Goals: Restore function, complete strength and recovery

Exercises:

- Continue full upper extremity strengthening program
- Continue upper extremity flexibility exercises
- Activity-specific plyometrics program Begin sport or activity related program
- Address trunk and lower extremity demands

Begin Throwing program (if applicable):

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs § Emphasize posterior capsule stretching

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

Physical Therapy Discharge Criteria:

- Isokinetic IR/ER strength equal to uninvolved extremity
- Independent Home Exercise Program
- Independent, pain-free sport or activity specific program