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SLAP Repair Rehabilitation

I. Week 1

- Wear sling day and night
- Cervical stretches
- Wrist/hand ROM
- Begin grip and wrist strengthening exercises
- Cryotherapy and electrical stimulation for edema and pain control
- Pendulums

II. 3 Weeks from Surgery

- Resume physical therapy sessions 1-3 x/week
- Flexion to 90 degrees. Abduction to 80 degrees, ER to 25 degrees in scapular plane, IR to 55 in scapular plane
- AAROM pulleys and supine wand exercises
- Scapular retractions
- Triceps isometric strengthening
- Side lying scapular mobilizations
- Side lying scapular PNF (anterior elevation/posterior depression & posterior elevation/anterior depression)

III. 4 Weeks from Surgery

- Discontinue sling use at home and while sleeping
- Maintain sling use in public until week 6
- Neutral shoulder isometrics 6 directions
- Manual rhythmic stabilization
- Standing UE weight shifting
- Theraband rows
- AAROM with wall walking flexion and scaption

IV. 5 Weeks from Surgery

- Progress ROM
 - ER at 45 degrees abduction to 45 degrees
 - IR at 45 degrees abduction to 55 degrees
- Active shoulder depressions with body weight
- Supine AAROM UE PNF patterns with therapist

V. 6 Weeks from Surgery

- Discontinue sling use
- Initiate AROM
- Rotator cuff exercises at 0 degrees abduction
- Wall alphabet with ball
- Wall push-ups (arms shoulder width apart, focus on triceps)
- Supine punches
- Tricep strengthening

VI. 8 Weeks from Surgery

- Progress gradually to full ROM
- Theraband exercises out of neutral
- Quadruped weight shifting
- Standing PNF UE patterns
- Work on eccentric control of RTC muscles
- Light functional activities
- Chest press to neutral
- Biceps strengthening

VII. Weeks 12-20

- Plyometric exercises (i.e. chest pass, overhead pass)
- Progress resistive exercises and intensive shoulder exercises
- Progress functional and sport specific activities