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Sports Medicine and Shoulder Service

### SLAP & Anterior/Posterior Labral Repair Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: SLAP, labral tears

Frequency: 2-3 visits/week Duration: 4 months

#### Week 1-2: Immediate post-operative phase

Sling immobilizer: On at all times except for showering

Exercises: AROM wrist/elbow

Scapular "pinches"

Pain free submaximal deltoid isometrics

#### Weeks 3-6: Phase I

Sling Immobilizer: May discontinue after 4 weeks

Exercises: Passive ER to 45 deg and extension to neutral

Passive FF in scapular plane to 140 deg

AROM wrist/elbow

Scapular "pinches"

Pain free submaximal deltoid isometrics

Modalities as needed

Advancement Criteria: ER to 45 deg

FF in scapular plane to 140 deg

Minimal pain and inflammation

#### Weeks 6-10: Phase II

Exercises: Passive & Active assisted FF in scapular plane - no limits (wand exercises, pulleys)

Passive & Active assisted ER - no limits

Manual scapular side-lying stabilization exercises

IR/ER submaximal, pain free isometrics

Modalities as needed

Advancement Criteria: FF to 160 deg

ER to 60 deg

Normal scapulohumeral rhythm

Minimal pain and inflammation

### **Weeks 10-14: Phase III**

Exercises: AAROM for full FF and ER  
AAROM for IR - no limits  
IR/ER/FF isotonic strengthening  
Scapular and latissimus strengthening  
Humeral head stabilization exercises  
Begin biceps strengthening  
Progress IR/ER to 90/90 position if required  
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

### **Weeks 14-18: Phase IV**

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

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side  
Independent HEP  
Independent, pain-free sport or activity specific program

### **Concerns or questions:**

**Duncan** (clinical nurse specialist – Dr. Kaar) at **(314) 577-8525** / email: **dmchardy@slu.edu**

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**Physician Signature:**