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Sports Medicine and Shoulder Service

### SLAP Repair Rehab Protocol Prescription

**Patient Name:**

**Date:**

**Diagnosis: SLAP tear**

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

#### **Weeks 1-6: Phase I**

Sling Immobilizer: At all times except for showering and exercise  
Discontinue after 4 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

#### **Weeks 6-10: Phase II**

Exercises: Active assisted FF in scapular plane to 145 (wand exercises, pulleys)  
Active assisted ER to 30 degrees until week 6  
Manual scapular side-lying stabilization exercises  
IR/ER submaximal, pain free isometrics  
IR/ER isotonic strengthening at 6 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

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

Exercises: AAROM for full FF and ER  
AAROM for IR - no limits  
Aggressive scapular and latissimus 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 uninjured 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

Begin Throwing program

- Begin light tennis ball tossing at 20-30 ft. 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

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

### **Concerns or questions:**

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**Physician Signature:**