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SLAP PROTOCOL

For Physical Therapist Use Only

General Guidelines

- Maintain surgical motion early, but don't push it
- Protect the repair: No lifting or resistance against the biceps first 6 weeks
- Strengthen the surrounding musculature
- Alternate between pool and land therapy
- Minimize heavy or excessive cyclic loads for the first 4-6 months
- Gradually progress
- **Most patients will only perform self directed therapy at home and then begin supervised PT at 6 weeks postoperative**

Outpatient Rehabilitation

Phase I: Protective Phase (0-3 weeks post op)

Wear sling at all times

- Passive range of motion (PROM - protected)
 - Forward flexion to 90 degrees
 - Internal rotation to 65 degrees
 - External rotation to 30 degrees
- May begin AAROM and AROM for elbow flexion/extension and pronation/supination
- Pendulums and Codman's exercises
- Pool (if possible) for PROM
- Submaximal rotator cuff isometrics
- Periscapular strengthening
 - **NO BICEPS RESISTANCE ALLOWED**
- General conditioning (stationary bicycle, treadmill, etc.)
- Maintain normal hand strength
- Maintain normal motion at the wrist/elbow

Phase II: Early Motion and Strengthening (3-6 weeks)

- Progress from passive to active assisted range of motion
 - Forward flexion to 145 degrees

- Internal rotation to full ROM
- External rotation to 65 degrees
- Maximal rotator cuff isometrics
- Periscapular and core strengthening

Phase III: Advanced Strengthening (6-12 weeks)

Gradually wean from the sling

- Active ROM
 - Goal: achieve full ROM
- Gentle biceps contraction allowed
- Advance scapular stabilization and strength
- Progress to light strengthening exercises into functional ranges

Phase IV: Return to Function and Sports (> 3 months)

- Need full pain-free ROM
- Progress strengthening as tolerated
- Progress to sports specific training
- Plyometrics and advanced strengthening

Please contact Dr. Kelly's Medical Assistant with any questions.

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