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## Shoulder Arthroscopy: SLAP Repair Protocol

### Initial Goals:

- Pain/Edema control
- Avoid stress to long head of biceps at all time

### 0-4 Weeks Post Op

- Sling/immobilizer at all times until discontinued by doctor
- Modalities as needed
- Elbow / Wrist/ ROM
- Codman's
- After 7-10 days begin gentle PROM within pain-free range avoiding ER beyond neutral and extension
- Scapular ex's – elevation, depression, retraction, protraction with manual resistance through these motions

### 5 Weeks Post Op

- Begin progressive passive range of motion
  - **Flexion to 90°**
  - **Abduction to 90°**
  - **IR to 60°** in plane of the scapula
  - **ER to 30°** in plane of the scapula
  - **Extension to 30°**
- Pendulum ex's with light weight,
- Begin IR/ER T-band ex's through allowed ROM with elbow at side, sleeper stretch
- Begin AAROM ex's standing or supine
- Wall Walks

### 6 Weeks Post Op

- Advance to Full ROM as tolerated (*Throwers require greater amounts of ER than non-throwers, so 100°(+) of ER would not be out of the question, in addition less IR is necessary about 75-80*)
- Begin standing isotonic RC ex's advance the weight on all ex's to 6-8lbs
  - **Flexion to 90°** thumb pointing up (flex shoulder to full with weight when able)
  - **Abduction 90°** thumb pointing up (abduct shoulder to full with weight when able)
  - **Scaption to 90°** thumb pointing up, elevate arm in plane of scapula, (empty can position)
  - **Scaption to 60°** thumb pointing down, same position as above but stop at 60° of abduction
  - **Standing IR/ER** with tubing with arm abducted 20-30° with pillow under arm
- Scapular Stabilization ex's:



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- **Elevation** with shoulder shrugs
- **Depression** with seated press ups, (sitting with hands flat on the floor next to your hips, elbows locked raise your bottom off floor with movement from scapulas, use hand blocks for greater ROM when able)
- **Retraction** – prone rows in prone position arm at 90° elbow locked squeeze scapulas together while pulling heavy weight
- **Protraction** – supine, 2" punch, with arm flexed to 90° elbow locked with weight in hand push up from scapula using heaviest tolerable weight
- Proprioception exercises

### 8 Weeks Post Op

- Add biceps curls with light weight and advance as tolerated
- Cont. standing RC ex's until 6-8lbs reached then move to core RC ex's if patient can fully flex and abduct shoulder
- Cont. with scapular stabilization exercises, advance weight as tolerated
- Cont. with proprioception exercises
- Begin isokinetic exercises
- Begin *Core Rotator Cuff Ex's* – advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps
  - **Prone flexion with thumb up** – arm perpendicular to floor in prone and flex forwards fully, 12 O'clock position
  - **Prone Abduction 100° with thumb up** – arm perpendicular to floor in prone and horizontally abduct to level of body in scapular plane, 2 O'clock position for right handed patient (10 O'clock for left handed)
  - **Prone Abduction 45° with thumb up** – arm perpendicular to floor in prone and horizontally abduct arm to level of body, 4 O'clock position for right handed patient (8 O'clock for left handed)
  - **Prone Extension with arm in max ER** – arm perpendicular to floor in prone and arm extended to level of body, 6 O'clock position
  - **Sidelying ER** with hand weights with arm abducted 20-30°

### 10 Weeks Post Op

- Continue with advancing RC strengthening to 8-10lbs on all motions
- Continue with advancing SC strengthening as tolerated
- Add manual resistance to ER in sidelying position for Eccentric training of posterior cuff
- UE plyometrics – medicine ball chest passes etc, no simulated throwing,
- Full ROM isokinetics
- Advance proprioception ex's
- May begin conventional weight lifting using machines and progressing to free weights if desired as tolerated

### 12 Weeks Post Op

- 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



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- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed up and down spectrum

#### **14-16 Weeks Post Op**

- Throwers begin interval throwing program on level surface
- Continue strengthening and stretching programs
  - Emphasize posterior capsule stretching

#### **Return to Sport/Activity**

- Complete throwing program
- No pain or problems
- Usually 4-6 months

**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.