

**Adam Seidl, MD**  
Associate Professor  
Shoulder/Elbow Surgery  
Department of Orthopedics  
University of Colorado



**Orthopedics**  
UNIVERSITY OF COLORADO

**Highlands Ranch Hospital**  
(720) 516-4090  
**Inverness**  
(303) 694-3333  
**Anschutz Medical Campus**  
(720) 848-1900

## Rehabilitation Protocol SLAP Repair

### **Phase I: Protect repair, restore ROM** (*0 to 6 weeks*)

- May remove dressing and shower postop day # 3.
- Sutures are all underneath the skin and will dissolve on their own.
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Scapular ROM exercises.
- No lifting with involved extremity.
- Avoid pure active shoulder exercises, resisted biceps exercises.
- Avoid shoulder rotation ROM from abducted position and cross body motions.
- Initiate exercise program 3 times per day:
  - Immediate elbow, forearm and hand range of motion out of sling
  - Pendulum exercises
  - Passive and active assistive ROM – flexion and scapular plane elevation to tolerance, ER to 45 (pulleys, supine gravity assisted exercises)
  - Emphasize home program

### **PHASE II: Advance ROM** (*6 to 12 weeks*)

- May discontinue sling.
- Lifting restriction of 10 pounds should be reinforced with patient until 3 months.
- Advance to AROM exercises.
- Advance PROM and capsular mobility as tolerated.
- Avoid rotational ROM in abducted position until 8 weeks postop.
- Initiate rotator cuff and gentle biceps strengthening (up to 10 lbs).

### **Phase III: Restore function** (*> 3 months*)

- Discontinue lifting restriction.
- Advance to higher-level rotator cuff and scapular stabilizer strengthening.
- Start throwing progression if applicable.