

SUPERIOR LABRUM ANTERIOR AND POSTERIOR (SLAP)  
PHYSICAL THERAPY PROTOCOL

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

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 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

