

Summary of the Rehabilitation Program Following SLAP Repair

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Adapted from the Kerlan-Jobe Orthopaedic Clinic in Los Angeles, CA

Week 1:

- Sling immobilization at all times.

Weeks 2-3:

- Codman circumduction, PROM: 0°-90° flexion, abduction, and external rotation in adduction. No external rotation in abduction because of the peel back mechanism.
- Sling immobilization when not doing PROM regimen.

Weeks 3-6:

- Discontinue sling.
- Progressive PROM to full as tolerated in all planes.
- Begin passive posterior capsular and internal rotation stretching.
- Begin passive and manual scapulothoracic mobility program.
- Begin external rotation in abduction
- Allow use of the operative extremity for light activities of daily living.

Weeks 6-16:

- Continue all stretching and flexibility programs as above.
- Begin progressive strengthening of the rotator cuff, scapular stabilizers, and biceps.

4 Months:

- Begin interval throwing program, on level surface.
- Continue stretching and strengthening regimen, with particular emphasis on posterior capsular stretching.

6 Months:

- Begin throwing from the mound.

7 Months:

- Allow full-velocity throwing from the mounds.
- Continue strengthening and posterior capsular stretching long term (indefinitely). Remember a tight posterior capsule caused the SLAP lesion to begin with and recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.