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MIDWEST
ORTHOPAEDICS
at RUSH



Post-Operative Rehabilitation Guidelines for Slap Repair

Week 0-1: Patient to do Home Exercises given to the post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 1-4:

- No IR up the back; No ER behind the head
- ROM goals: 90° FF/40° ER at side
- No resisted FF or biceps until 6 weeks post-op as to not stress the biceps root
- Sling for 4 weeks
- Heat before/ice after PT sessions

Weeks 4-8:

- D/C sling
- Increase AROM 140° FF/ 40° ER at side/ 60° ABD/ IR behind back to waist
- Strengthening (isometrics/light bands) within AROM limitations
- Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc)
- Physical modalities per PT discretion

Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Advance strengthening as tolerated: isometrics à bands à light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

Months 3-12:

- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months

**May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport