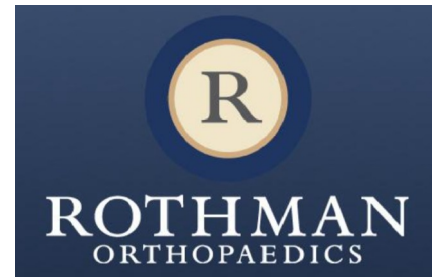


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SLAP REPAIR PHYSICAL THERAPY PROTOCOL

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT SLAP Repair

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

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/20° 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 → bands → 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 months
Throw from pitcher's mound at 6 months
MMI is usually at 12 months

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ Heat before ___ Ice after ___ Trigger points massage ___ TENS ___ Therapist's discretion

Signature _____ Date _____