

Dr. Allen SLAP Tear II and IV Post-Op Rehabilitation Protocol

Phase I: Protection (Weeks 0-6)

Weeks 0-2

- Shoulder immobilizer at all times except hygiene and exercises
- Wrist & hand ROM several times daily
- Cryotherapy
- Scheduled NSAIDs & Tylenol
- Opioids for break through pain (goal to wean by end of week 2)
- First PT visit post-op day 1-3
 - Leave dressings in place until first PT visit
 - Ok to shower day after first dressing change
 - Don't soak wound, pat dry and cover with fresh bandage
- PROM & AAROM:
 - Forward flexion in plane of scapula: 0-60°
 - External rotation: 0-15°
 - Internal rotation: 0-45°
 - No abduction
- No active elbow motion (biceps contraction)
- Pendulums, wands, scapular retractions, submaximal shoulder isometrics
- Gentle joint mobilizations as needed

Weeks 2-4

- First post-op visit at 2 weeks, sutures will be removed at this visit



- Shoulder immobilizer at all times except hygiene and exercises
- Elbow, wrist, & hand ROM several times daily
- Cryotherapy
- Scheduled NSAIDs & Tylenol
- PROM & AAROM:
 - Forward flexion in plane of scapula: 0-90°
 - External rotation: 0-35° with shoulder in 20° scaption
 - Internal rotation: 0-65° with shoulder in 20° scaption
 - Abduction: 0-75°
- Begin light ER/IR Theraband exercises with arm in neutral
- Advance isometric shoulder, cuff, and periscapular strengthening
- Light proprioception and rhythmic stabilization within ROM parameters
- No active elbow motion (biceps contraction)

Weeks 4-6

- Wean from Shoulder immobilizer, goal to discontinue sling by 6 weeks
- Elbow, wrist, hand ROM several times daily
- PROM, AROM, & AAROM:
 - Forward flexion in plane of scapula: 0-145°
 - External rotation: 0-50° with shoulder in 45° abduction
 - Internal rotation: 0-60° with shoulder in 45° abduction
 - Abduction: 0-90°
- Initiate gentle stretching (pain free)
- Advance isometric shoulder, cuff, and periscapular strengthening



- Prone periscapular stabilization, scapular retractions, shrugs
- Advance proprioception and rhythmic stabilization within ROM
- Can begin active elbow flexion (no strengthening)

Phase II: Motion (Weeks 6-12)

Weeks 6-9

- Second post-op visit at 6 weeks, goal to come to appointment with no sling
- Continue to advance motion in all planes (AROM & AAROM)
 - Forward flexion in plane of scapula: 0-180°
 - External rotation: 0-90° with shoulder in 90° abduction
 - Internal rotation: 0-75° with shoulder in 90° abduction
 - Abduction: 0-180°
- Advance isometric shoulder, cuff, and periscapular strengthening
- PNF manual resistance exercises
- Continue elbow active motion, begin submaximal biceps isometrics

Weeks 9-12

- Goal for full motion
- Begin “Throwers Ten” exercises (No biceps resistance)
 - Progress ER in throwing motion (ER 115° @ 90° abduction)
- Initiate isotonic shoulder, cuff, and periscapular strengthening
- Stretching in all planes
- Advance PNFs

Phase III: Strengthening (Weeks 12-20)Weeks 12-16

- Third post-op visit at 12 weeks
- Begin biceps strengthening
- Four quadrant stretching (posterior capsular stretching)
- Progress “Throwers Ten” exercises
 - Progress ER in throwing motion (ER 115° @ 90° abduction)
- Continue shoulder, cuff, and periscapular strengthening
- Initiate plyometric exercises
- Initiate light activities (swimming, golf half swings, light ball toss)

Weeks 16-20

- Initiate return to throwing program
- Continue stretching and strengthening, cleared for weight room

Phase IV: Sport Specific Training (Weeks 20-28)

- Fourth post-op visit at ~24 weeks (6 months)
- Advance sport activity
 - Drills, functional activities, and motion
- Progress throwing & batting programs
- Continue strengthening & stretching

Phase V: Sport Competition (Weeks 28+)

- Return to full sport participation, final follow up at 1 year post-op