ROBERT C. GRUMET, MD

SLAP REPAIR PROTOCOL

Name	Date
Diagnosis	
Date of Surgery	
Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 WeeksWeeks 1-4:	
 PROM → AAROM → AROM as tolerated; ABD to 90° without rotation (this prevents the back) No IR up the back; No ER behind the head 	superior labrum from peeling
 ROM goals: 140° FF/40° ER at side No resisted FF or biceps until 12 weeks post-op as to not stress the biceps root Sling for 4 weeks during day, outside the house, in car, and especially at night Heat before/ice after PT sessions 	
Weeks 4-8: D/C sling totally if not done previously Increase AROM in all directions to full, if possible Can begin active ER in 90° ABD; No passive ER in abduction Begin isometrics and bands with arm at side – NO resisted FF yet 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 → weights; 10 reps/1 set per rota stabilizers – EXCEPT FF/biceps motions Only do strengthening 3x/week to avoid rotator cuff tendonitis 	tor cuff, deltoid, and scapular
 Months 3-12: Begin resisted FF/biceps motions (isometrics → bands → weights) as tolerated Begin eccentrically resisted motions, plyometrics, proprioception, body blade, and closed chair No over-shoulder work until 9-12 months, unless specified. 	n exercises at 12 weeks.
Comments:	
Functional Capacity EvaluationWork Hardening/Work Conditioning Teach HEP	
ModalitiesElectric StimulationUltrasound IontophoresisPhonophoresisTENS Hea	t before/after
Ice before/afterTrigger points massage Other	Therapist's discretion
SignatureDate	

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