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WOODSON SLAP REPAIR REHAB PROTOCOL

General Info:

This is a list of general guidelines for an SLAP repair rehab program. These guidelines may change based on fixation, condition of repaired tissue, variations in surgical procedures, age, and patient's response to treatment. Please call our office if there are any questions.

Post-Op Weeks 0-6: Phase I

- ROM: No aggressive stretching ER or flexion
 - 0-2 weeks: Flex: 75 degrees, ER: 15 degrees, IR: 40 degrees (scapular plane)
 - 2-4 weeks: Flex 110 degrees, ER: 35 degrees, IR: 40 degrees (scapular plane)
 - 4-6 weeks: Flex 150 degrees, ER 55 degrees, IR full (scapular plane)
- Sling use:
 - 0-4 weeks: for comfort and use outside of home
 - 4+ weeks: dc per MD
- Strengthening & Conditioning:
 - 0-2 weeks: active elbow, wrist and hand ROM. Biking and elliptical (in sling)
 - 2-4 weeks: light 3-way isometrics at 0 degrees (flexion, abduction, and extension). Scapular retractions and bent-over rows, lower extremity strengthening (in sling), biking and elliptical (in sling)
 - 4-6 weeks: light band rows (no extension past mid-line), resisted band IR and ER exercises, lower extremity strengthening (lunges, squats), ladder drills, slide board (in sling)
- Progression to Phase II requires pain of < 3/10

Post-Op Weeks 6-12: Phase II

- ROM: No aggressive stretching ER or flexion
 - 6-8 weeks: Progress flexion to symmetry and ER to 60 degrees (at side)
 - 8-10 weeks: Progress overhead flex/ER (at side)
 - 10-12 weeks: Near full symmetry. Subtle deficits are normal
- Strengthening:
 - 6-8 weeks: resisted rows, shoulder extension, external and internal rotation band strengthening
 - 8-12 weeks: progress resisted rows, extensions, and ER. Light resisted internal rotation, resisted biceps and triceps, lower extremity strengthening (lunges, squats)
- Conditioning:
 - 6-10 weeks: initiate jogging, ladder drills, slide board
 - 10-12 weeks: initiate sprinting, plyometric jogging
- Progression to Phase III requires pain of 0/10, > 90% ROM symmetry, 70% ER and IR isometric strength symmetry, and 80% symmetry for ER and IR endurance test

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Post-Op Weeks 12-20: Phase III

- ROM:
 - 12 + weeks: near full symmetry. Subtle deficits are normal
- Strengthening and Plyometric:
 - 12-16 weeks: initiate light dumbbell pressing, push-up progression (wall to full), trampoline ball tosses
 - 16-20 weeks: progress resisted rows, extensions and ER. Light resisted internal rotation, resisted biceps and triceps
- Throwing and Conditioning:
 - 16 + weeks: Initiate interval throwing program (MD approval)
 - 16-20+ weeks: full LE strengthening, plyometrics and agility
- Progression to Phase IV requires pain of 0/10, >90% symmetry-seated shot-put test, 80% ER and IR strength symmetry, 66% ER/IR strength ratio, and >90% symmetry ER/IR endurance test

Post-Op Weeks 20+: Phase IV

- Strengthening and Plyometric:
 - 16-20 weeks: plyometric tosses (double and single arm), overhead tosses, closed chain strengthening, full gym workouts (biceps and triceps)
- Throwing and Conditioning:
 - 16-20 + weeks: Full LE, plyometrics and agility
 - 20+ weeks: initiate mound progression (MD approval)

Criteria for return to play:

- 0/10 pain
- >90% normal ER/IR strength symmetry
- >66% ER/IR strength ratio
- >95% symmetry in ER/IR endurance test
- >95% symmetry in seated shot-put test
- >1 min for upper extremity closed kinetic chain stability test
- MD approval