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Patient Name:

Date:

Date of surgery:

Visit per week: 2 to 3 times

PHYSICAL THERAPY PRESCRIPTION

SHOULDER ARTHROSCOPIC SUPERIOR LABRAL (SLAP) REPAIR

Weeks 1-6: Phase I

Sling Immobilizer: At all times except for showering and exercise.
May transition out between 4 to 6 weeks.

Exercises: Passive ER and extension to neutral
Passive FF in scapular plane to 90
AROM wrist/elbow
Scapular “pinches”
Pain free submaximal deltoid isometrics
Modalities as needed

Advancement Criteria: ER to neutral
FF in scapular plane to 90
Minimal pain and inflammation

Weeks 6-10: Phase II

Sling Immobilizer: Discontinue at week 6

Exercises: Active assisted FF in scapular plane to 145 (wand exercises, pulleys)
Active assisted ER to 30 degrees until week 8 then advance as tolerated
Manual scapular side-lying stabilization exercises
IR/ER/FF submaximal, pain free isometrics
IR/ER/FF isotonic strengthening at 8 weeks
Begin humeral head stabilization exercises

Begin latissimus strengthening: limited to 90 deg FF
Modalities as needed

Advancement Criteria: FF to 145

ER to 60
Normal scapulohumeral rhythm
IR/ER strength 5/5
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR – no limits
Aggressive scapular (esp mid and lower trapezius) and latissimus strengthening
Cont RTC strengthening
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
Isokinetic training and testing
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninjured side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin Throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
 - Emphasize posterior capsule stretching

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

Discharge Criteria:

Isokinetic IR/ER strength equal to uninvolved extremity
Independent HEP
Independent, pain-free sport or activity specific program

* Please Send Progress Notes *

Signature: _____

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