



# orthopedic ONE

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## Slap Lesion Protocol

There are no specific time guidelines to progress the patient through each phase. However, it is important to review the Phase duration guidelines proposed and not progress the patient too quickly. The therapist must take into consideration the individual patient's healing rate; extent of surgery; subjective and objective findings before advancing to the next phase. For Throwing Athletes: throwing should only begin when full pain free ROM and full strength is achieved

### **Phase I: (0-6 weeks)**

Goals:

- Protect surgery
- Decrease pain
- Decrease inflammation
- Patient education
- Home exercise program

Plan:

- Slings: 0-6 weeks
- Pendulum/cane - begin at 3 weeks
- Pulley - begin at 3 weeks
- Cervical spine stretches
- Scapular mobilization and strengthening - as soon as possible
- PROM - begin at 3-4 weeks \*\*\*
- To protect labrum: avoid abduction/External rotation at extreme end-range.
- Aquatic physical therapy
- Isometrics
- Modalities

### **Phase II: (about 4-6 weeks)**

Goals:

- Control pain
- Control inflammation
- Improve functional ROM
- Increase strength
- Home exercise program

**Slap Lesion Protocol**  
**\*\*\*CONTINUED\*\*\***

Plan:

Modalities

Continued scapular and glenohumeral mobilization

Advance scapular and rotator cuff strengthening with light theraband and PRE's UBE

Advance pool exercises

**Phase III: (6 weeks+)**

Goals:

Functional ROM

Normalize strength/power

Return to activities (work, sports)

Light sports at 3-4 months

Heavy throwing at 4-6 months

Plan:

Advance strengthening program: weight training

Improve coordination; i.e.: diagonal lifting, plyoball

Sports specific training

Home exercise program