



**EDWARDS  
ORTHOPEDICS**

*Advanced Orthopedic Surgery, Close to Home.*

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## POST-OPERATIVE REHABILITATION PROTOCOL

# SLAP / Superior Labral Repair

*Protected shoulder motion with delayed biceps loading and staged overhead return*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>PATIENT</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SURGERY DATE</b><br>_____ | <b>SIDE / PROCEDURE NOTES</b><br>_____ |
| <p><b>HOW TO USE THIS PROTOCOL</b> Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.</p> <p><b>SCOPE</b> Use for type II/IV or complex superior labral repair. A concomitant biceps tenodesis, rotator cuff repair, or stabilization procedure may require the more restrictive protocol.</p> |                              |                                        |

**STOP AND CALL:** fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

## KEY RESTRICTIONS AT A GLANCE

| TIME        | PROTECTION / WEIGHT BEARING                        | MOTION / LOADING                                         |
|-------------|----------------------------------------------------|----------------------------------------------------------|
| 0-6 weeks   | Sling; no resisted biceps                          | Staged passive/assisted motion; limited active elevation |
| 7-12 weeks  | Avoid provocative anterior/superior labral loading | Restore ROM; begin cuff/scapular strength; biceps later  |
| 13-20 weeks | No throwing or overhead sport before week 20       | Advance strength, endurance, and light plyometrics       |
| 5-9 months  | Graded interval program                            | Return based on objective strength and sport demands     |

## PHASE-BY-PHASE PLAN

### Phase 1 | Protected motion (0-6 weeks)

- **Priorities:** Protect the labral-biceps anchor; minimize stiffness; control pain.
- **Protection:** Sling for 4-6 weeks. No resisted elbow flexion or supination, no active shoulder external rotation/extension/abduction early, and no lifting.
- **Therapy focus:** Weeks 0-2: flexion/scaption to 90 degrees, external rotation to 30 degrees, internal rotation to 45 degrees; distal ROM, grip, scapular motion, submaximal isometrics.



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- **Therapy focus:** Weeks 3-4: continue protected motion; internal rotation may progress to 60 degrees. Weeks 5-6: flexion/scaption toward 145 degrees, external rotation toward 50 degrees, and limited AROM/AAROM to 90 degrees with good mechanics.

## Phase 2 | Motion and initial strength (7-12 weeks)

- **Priorities:** Restore full non-painful ROM by about weeks 8-10 and regain cuff/scapular balance.
- **Protection:** No aggressive biceps loading. Avoid long-lever, heavy, or provocative overhead work.
- **Therapy focus:** Progress active motion, cuff/periscapular isotonic work, rhythmic stabilization, PNF, and posterior shoulder mobility.
- **Therapy focus:** Begin gentle biceps loading no sooner than weeks 10-12 and only if cleared; complex/type IV repairs may progress more slowly.

## Phase 3 | Advanced strength (13-20 weeks)

- **Priorities:** Restore strength, power, endurance, and full functional ROM.
- **Protection:** No throwing or overhead sport until week 20.
- **Therapy focus:** Progress cuff/scapular and biceps strength, kinetic-chain work, endurance, and two-arm to one-arm plyometrics.
- **Therapy focus:** Advance when ROM is near symmetric, strength is 5/5 or objectively near symmetric, and there is no pain/tenderness.

## Phase 4 | Return to overhead activity (21 weeks-9 months)

- **Priorities:** Return safely to work, recreation, and sport-specific demand.
- **Protection:** Throwing and high-load overhead activity must follow an interval program.
- **Therapy focus:** Begin interval throwing no earlier than about 5 months; mound/competitive progression generally follows later.
- **Therapy focus:** Return requires pain-free ROM, stable exam, symmetric posterior shoulder mobility, at least 90% objective strength/function, and surgeon clearance.

**GENERAL PROGRESSION RULE** A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.