

Protocol for throwing athletes after repair of Type II SLAP lesions

Week 1: Sling immobilization at all times; gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period

Weeks 2-4: Codman circumduction exercises; gentle passive range of motion within pain-free range avoiding external rotation beyond 30 and extension of arm behind body in abducted planes.

Weeks 4-10: Discontinue sling; progressive passive range of motion to full as tolerated in all planes; begin passive posterior capsular and internal rotation stretching; begin passive and manual scapulothoracic mobility program; begin external rotation in abduction exercises; begin protected biceps, rotator cuff and scapular stabilizer strengthening; allow use of operative extremity for light activities of daily living

Weeks 10-16: Begin biceps, rotator cuff and scapular stabilizer resistance exercises; begin sports specific exercise program

Weeks 16-24: Begin interval throwing program on level surface; continue stretching and strengthening programs with special emphasis on posterior capsular stretching

Weeks 24-28: Begin throwing from the mound

After 28 Weeks: Allow full velocity throwing from the mound; continue strengthening and posterior capsular stretching indefinitely (occult posterior capsular tightness had a significant role in the original SLAP lesion therefore stretching this area will limit the chances of recurrence)

