

# Brandon Beamer M.D - *Orthopedic Sports Medicine Specialist*

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## Notes:

*\*This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

**Estimated Return to Sport/Work:**

**Modalities:** PRN

### Criterion for Progression:

- 1) **Full non-painful AROM**
- 2) **Shoulder strength grossly 4/5 throughout by MMT**
- 3) **GH stability by clinical exam**
- 4) **Improved scapulohumeral mechanics**

### **Phase III – Tissue Remodeling/Hypertrophy Phase (12-20 weeks)**

- Goals:**
- 1) Improve muscular endurance, strength, and power
  - 2) Normalize Scapulohumeral rhythm
  - 3) Gradually initiate functional activities

**ROM:** PRN

**Exercise:** Isotonic OH strength progression  
Begin resisted biceps and forearm supination  
Thrower's ten  
PNF patterns  
Initiate light plyometrics  
Initiate interval throwing program (16 weeks)<sup>4,5,6,11,24</sup>

**CV Exercise:** Initiate light swimming; half golf swings

### Criterion for Progression:

- 1) **5/5 scapulothoracic and rotator cuff strength by MMT**
- 2) **Normal Scapulohumeral mechanics with OH motion**
- 3) **Satisfactory stability by clinical exam**

### **Phase IV – Sport Specific Training (20-26 weeks)**

- Goals:**
- 1) Begin sport specific drills
  - 2) Normalize strength and neuromuscular control
  - 3) Prepare for return to sport

**Exercise:** Sport specific progression (Throwing/Golf/Tennis)  
Plyometric progression

### Criterion for Return to Sport: (Recommend combination testing of strength, ROM, function, and power according to available resources/clinic setting)

- 1) Modified ASES >90%
- 2) Patient confidence
- 3) Normal scapulohumeral mechanics with OH motion (by visual inspection)
- 4) Satisfactory stability by clinical exam
- 5) No pain during sporting activity (throwing/tennis swing/golf swing)
- 6) Strength measure (1 of 2 options)
  - A: isokinetic testing ER/IR at 30/30/30 at 60/180/300 degrees/sec comparing involved: uninvolved UE and ER/IR ratio
  - B: Handheld dynamometer at 30/30/30 1 rep; hold 5 seconds at midrange
  - C: Functional strength testing (relevant to sport). Consider use of CKCUES test, Single Arm Seated Shot Put Test; Push up test, Modified Pull up test
- 7) ROM: < 20 degrees difference (or < 10 %) of total rotation compared to uninvolved arm

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## SLAP Repair

### ROM

### SLING USE:

Sling: \_\_\_\_\_ weeks

With sleep: \_\_\_\_\_ weeks

### Recommended Clinical Guidelines

Sling: 4 weeks

**Weeks 0-4: Gentle PROM/AAROM**

\*ER 0-30 degrees (at < 90 deg abd)

\*Abd to 60

\*Flex/Scaption below 90

**Weeks 5-6: Continue PROM/AAROM**

\*Flexion to 145

\*ER/IR to 50/60

**Weeks 5-6: AROM**

\*Limited to 90 of elevation

### Precautions

\*No isolated biceps strengthening x 6-8 weeks

\*No ER @ 90 abduction until week 7

### Phase I – Tissue Protection/Healing Phase (1-6 weeks)

- Goals:**
- 1)Reduce pain and inflammation
  - 2)Minimize adhesion formation, joint stiffness, and muscle atrophy
  - 3)Protect repaired tissue (maintain static stability)
  - 4)Re-establish dynamic joint stability

**ROM:** PROM/AAROM per MD restrictions

**Exercise:** Codman/Pendulum<sup>1,8,9,26</sup>  
Pulleys (in scaption)  
Supine wand flexion  
Elbow/wrist/hand AROM  
Submaximal isometrics in neutral rotation<sup>8,11,24,25</sup>  
Tband IR/ER at 30/30/30 degrees abduction (low resistance)<sup>16</sup>  
Prone Rowing/Horizontal Abd (weeks 5+)<sup>8,24</sup>

**Manual:** PROM/AAROM<sup>8,26</sup>  
Gentle GH mobilization (Grade I/II)<sup>8,26</sup>  
Rhythmic stabilization<sup>23</sup>

Sleeper stretch<sup>3</sup>

**Modalities:** Cryotherapy<sup>19</sup>

### Criterion for Progression:

- 1)Minimal pain and signs of active inflammation
- 1)PROM flex 145, ER 45-50 (at 45 abduction), IR 55-60 (at 45 abduction), abduction to 90 degrees

### Phase II – Tissue Proliferation Phase/Progression Phase (7-12 weeks)

- Goals:**
- 1)Restore full AROM
  - 2)Initiate gradual strength progression
  - 3)Improve dynamic joint stability
  - 4)Restore scapulohumeral mechanics
  - 5)Preserve integrity of surgical repair
- ROM:** AROM per MD restrictions
- Exercise:** Begin isotonic exercise RTC/Deltoid/Scapular mm<sup>4,9,14,25</sup>  
Prone I, W, Y, row<sup>7,15</sup>  
Prone Horizontal abduction at 90 and 135 deg  
Sidelying ER  
Prone/Standing ER at 90 degrees abd<sup>11,17,25</sup>  
Bilateral ER/scap retraction at 0 degrees abd  
Scaption up to 120 degrees<sup>7</sup>  
Proprioception/Reaction training
- Manual:** PROM/AAROM- PRN  
Posterior shoulder stretching<sup>5,10,12</sup>  
GH joint mobilizations<sup>8,24</sup>  
Manual Resistance Exercise/PNF
- Modalities:** PRN