



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SLAP/LABRUM TEAR (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

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Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date:** _____

☒ **Evaluate and Treat** ☒ **Provide patient with home program**

Frequency: 2-3 x/week x 6 weeks

Modalities:

☒ Ultrasound

☒ Electrical Stimulation

**WEEK 1-4**

PROM: scapular plane elevation to full; ER to 60dg
ER/IR with resistive tubing
ER/IR standing with weight
Resisted scaption
Upper Body Ergometer
Proprioceptive Neuromuscular Facilitation (PNF)
D2 diagonal – AROM to light resistance

WEEK 6-8

PROM: to tolerance including cocking (ER @ 90dg
ABD)
Supine cocking with weight (eccentric emphasis)
Supine PNF D2 diagonal with weight (eccentric
emphasis)
Dynamic weightbearing on ball (unilateral)

WEEK 9+

Rebounder cocking and backhand toss
Push ups
Increase speed of training
Increase emphasis on eccentric control of cocking

Special Instructions:

**** MUST HAVE HOME EXERCISE PROGRAM AND THERABANDS**

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would X would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD