

Rehabilitation Protocol: Arthroscopic SLAP Repair

Name: _____
Date: _____ **Date of Surgery:** _____
Diagnosis: _____

Phase I (Weeks 0-4)

- Sling immobilization at all times except for showering and rehab under guidance of PT
- **Range of Motion** –AAROM → AROM as tolerated
 - Restrict motion to 140° of Forward Flexion, 40° of External Rotation and Internal Rotation to stomach
 - No Internal Rotation up the back/No External Rotation behind the head
- **Therapeutic Exercise**
 - Wrist/Hand Range of Motion
 - Grip Strengthening
 - Isometric Abduction, Internal/External Rotation exercises with elbow at side
 - No resisted Forward Flexion/Elbow Flexion (to avoid stressing the biceps origin)
 - Heat/Ice before and after PT sessions

Phase II (Weeks 4-6)

- Discontinue sling immobilization
- **Range of Motion** – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
- **Therapeutic Exercise**
 - Advance isometrics from Phase I to use of a theraband within AROM limitations
 - Continue with Wrist/Hand Range of Motion and Grip Strengthening
 - Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula)
 - Gentle joint mobilization
 - Modalities per PT discretion

Phase III (Weeks 6-12)

- **Range of Motion** – Progress to full AROM without discomfort
- **Therapeutic Exercise** – Advance theraband exercises to light weights (1-5 lbs)
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - Continue and progress with Phase II exercises
 - Begin UE ergometer
 - Modalities per PT discretion

Phase IV (Months 3-6)

- **Range of Motion** – Full without discomfort
- **Therapeutic Exercise** – Advance exercises in Phase III (strengthening 3x per week)
 - Sport/Work specific rehabilitation
 - Return to throwing at 4.5 months
 - Return to sports at 6 months if approved
 - Modalities per PT discretion

Comments:

Frequency: _____ times per week **Duration:** _____ weeks

Signature: _____ **Date:** _____