Post-Operative Rehabilitation Protocol Following Arthroscopic SLAP Repair

Phase I – Weeks 0 – 4

Goals:

- Protect the anatomic repair
- Prevent/minimize the side effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

Precautions:

No active elbow flexion, no active shoulder flexion/extension

- Sling at all times except for bathing and exercises
- Cryotherapy for pain and swelling
- Active wrist and hand ROM
- Isometric shoulder abduction, external rotation, internal rotation with arm at side in sling
- PROM and gentle AAROM
    - Shoulder flexion in scapular plane to 90°
    - Shoulder external / internal rotation in scapular plane
    - ER to 30° (begin after 2 weeks), IR to abdomen

Phase II – Weeks 4 – 8

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full PROM
- Decrease pain and inflammation

Precautions:

- No lifting
- No supporting body weight with hands and arms
- No sudden jerking motions
- No excessive behind the back movements
- Avoid upper extremity bike and ergometer
- Discontinue abduction pillow; may use sling for comfort

- Pendulum exercises

- Begin PROM to tolerance (done supine; should be pain free)
- Flexion to 90°
- ER in scapular plane to ≥35°
- IR to body/chest
- Continue elbow, wrist, and finger AROM/resisted
- Cryotherapy as needed for pain control and inflammation
- May resume general conditioning program (eg, walking, stationary bicycle)

Phase III – Weeks 8 – 14 : Active Range of Motion

Goals:

- Full AROM
- Maintain full PROM
- Dynamic shoulder stability
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No lifting, sudden lifting or pushing activities, sudden jerking motions, overhead lifting
- Avoid upper extremity bike and ergometer

- Progressive PROM until approximately full ROM. Gentle scapular/glenohumeral joint mobilization as indicated to regain full PROM
- Initiate AAROM flexion in supine position
- Advance to AROM exercises (flexion scapular plane, abduction, ER, IR)
- Begin rotator cuff isometrics
- Periscapular exercises
- Continue cryotherapy as needed
- May use heat before ROM exercises
- Aquatherapy okay for light AROM exercises
- Ice after exercise

Phase IV – Weeks 12 – 18 : Early Strengthening

Goals:

- Maintain PROM
- Gradual restoration of shoulder strength, power, and endurance
- Dynamic shoulder stability

Precautions:

- No lifting objects >5 lbs, sudden lifting or pushing activities, sudden jerking motions, overhead lifting. Continue stretching and PROM, as needed

- Dynamic stabilization exercises
- Initiate strengthening program
- ER and IR with exercise bands/sport cord/tubing
- ER side-lying (lateral decubitus)
- Lateral raises*
- Full can in scapular plane* (no empty can abduction exercises)
- Prone rowing
- Prone extension
- Elbow flexion
- Elbow extension

* Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises

Phase V – Weeks 16 – 24 : Advanced Strengthening

Goals:

- Maintain full non-painful AROM
- Advanced conditioning exercises for enhanced functional use
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes) if doing well

Week 24

- Initiate interval sport program (eg, golf, doubles tennis) if appropriate

This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.