



## 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  $\geq 35^\circ$
- 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<sup>?</sup> 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 isotonic; 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.*