

Orthopedic Associates of Hartford, P.C.
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31 Seymour St #100 Date of Surgery:
Hartford, CT 06106
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Post-Operative Rehabilitation Protocol:

Arthroscopic SLAP Repair

PHASE I: PROTECTIVE PHASE (WEEKS 0-4)

GOALS: Allow soft tissue healing, diminish pain/inflammation, protected motion, retard muscle atrophy.

I. Immediate Post-Operative to Week 3:

A. General:

- * Sling with abduction pillow for first 4-6 weeks
- * Cryotherapy unit or ice 20 minutes/hour

B. Weight Bearing:

- * Non-weight bearing

C. Range of Motion Goals:

- * Passive and AAROM
 - o Forward flexion 0°-120°
 - o Abduction to 0°-120°
 - o IR in scapular plane (75° by Week 2)
 - o ER in scapular plane (75° by Week 2)

D. Treatment / Exercises:

- * Begin pendulum exercises in sling
- * Active elbow and wrist range of motion, hand gripping
- * Cervical AROM
- * Shoulder shrugs, protraction, retraction
- * Rope and Pulley (flexion)
- * Submaximal isometrics- Shoulder IR/ER
- * ***NO biceps recruitment***

II. Weeks 3-4:

A. General:

- * Sling for first 4-6 weeks. Discontinue abduction pillow
- * Cryotherapy unit or ice 20 minutes/hour

B. Weight Bearing:

- * Non-weight bearing

C. Range of Motion Goals:

- * Passive, AAROM, AROM
 - o Forward flexion 0°-160°
 - o Abduction to 0°-140°
 - o IR in scapular plane to full motion
 - o ER in scapular plane (75° by Week 2)

D. Treatment / Exercises:

- * Continue above treatment
- * Light isotonic program
- * ER/IR bands (0° abduction)
- * Scapular strengthening/stabilization

PHASE II: INCREASE MOTION PHASE (WEEKS 4-8)

GOALS: Improve ROM, early strengthening, neuromuscular control.

Enter Phase II if:

- ✓ No pain/tenderness
- ✓ Above ROM goals met

III. Weeks 4-8:

A. General:

- * Discontinue sling at home at 4 Weeks
- * Continue sling in “at risk” environment until Week 6
- * Cryotherapy unit or ice 20 minutes/hour as needed

B. Weight Bearing:

- * As tolerated when arm at side

C. Range of Motion Goals:

- * Passive, AAROM, AROM to full as tolerated with elbow at 90°

D. Treatment / Exercises:

- * Continue above treatment
- * Pulley, wall climbs, wand exercises as tolerated
- * Initiate Throwers’ Ten Strengthening Program at Week 6
- * Proprioceptive neuromuscular facilitation patterns
- * Light biceps/ triceps

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PHASE III: INTERMEDIATE STRENGTHENING PHASE (WEEKS 8-12)

GOALS: Improve ROM, improve strength/endurance, neuromuscular control, improve functional activity.

Enter Phase III if:

- ✓ No pain/tenderness
- ✓ Above ROM goals met
- ✓ Strength at least 70% of uninvolved arm

IV. Weeks 8-10:

A. General:

- * Cryotherapy unit or ice 20 minutes/hour as needed

B. Weight Bearing:

- * As tolerated

C. Range of Motion Goals:

- * Passive, AAROM, AROM to full as tolerated

D. Treatment / Exercises:

- * Continue above treatment
- * Manual resistance, dynamic stabs
- * Rotator cuff, scapular stabilizers
- * Initiate plyometrics (two hand drills)
- * Advance biceps strengthening as pain permits
- * ***NO overhead biceps strengthening until Week 10***

V. Weeks 10-12:

A., B., C. As above

D. Treatment / Exercises:

- * Continue above treatment
- * Initiate more aggressive strengthening: push ups, shoulder press, bench press, pull downs
- * Single-arm plyometrics

PHASE IV: ADVANCED STRENGTHENING AND RETURN TO ACTIVITY PHASE (MONTHS 3-6+)

GOALS: Maintain ROM, improve strength/endurance, functional activity.

Enter Phase IV if:

- ✓ Full ROM
- ✓ No pain/tenderness

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- ✓ Muscle strength 80% of uninvolved arm

VI. Months 3-4:

A., B., C. As above

D. Treatment / Exercises:

- * Continue above treatment
- * Isometrics, plyometrics
- * Neuromuscular control/dynamic drills
- * Self capsular stretching, passive stretching
- * Initiate Interval Sports Program (sports specific)

VII. Months 4-6:

A., B., C. As above

D. Treatment / Exercises:

- * Continue above treatment
- * Resume normal training

VIII. Months 6+:

A., B., C. As above

D. Treatment / Exercises:

- * Continue above treatment
- * Return to competition if:
 - ✓ Full ROM
 - ✓ No pain/tenderness
 - ✓ Satisfactory strength (90% of uninvolved arm)
 - ✓ Satisfactory clinical exam

*** Addendum**

This protocol provides general rehabilitation guidelines following Arthroscopic SLAP Repair. It is subject to modification depending on the degree of injury, the type and extent of associated surgical intervention, as well as your individual progress post-operatively. For any questions, please call my office at 860-244-1017.