



ARTHROSCOPIC SLAP REPAIR

Phase I: Immediate post-operative phase (Restrictive motion)

Goals: Protect the anatomic repair
Prevent negative effects of immobilization
Promote dynamic stability
Decrease pain and inflammation

Weeks 0 to 4

Sling for 4 weeks
Sleep in immobilizer for 4 weeks
Elbow, wrist and hand ROM exercises
Hand gripping exercises
*****No active elbow flexion**
Cryotherapy, modalities as indicated
No AROM, ER, extension or abduction

Week 4

Discontinue sling at 4 weeks
May use immobilizer for sleep
ROM exercises (PROM and AAROM)
Flexion to 90-110
Abduction to 75-85
ER in scapular plane to 15-20
IR in scapular plane to 55-60
Progress ROM and initiate AROM after 4 weeks
Continue modalities and cryotherapy

Weeks 4 to 6

Gradually improve ROM
Flexion: 140
ER at 45 degrees abduction: 25-30
IR at 45 degrees abduction: 55-60

PNF manual resistance
May initiate gentle stretching
Posterior Capsular Stretching
No biceps strengthening

Phase II: Intermediate phase (Moderate protection)

Goals: Gradually restore full ROM
Preserve the integrity of the surgical repair

Restore muscular strength and balance

Weeks 6 to 10

Gradually progress ROM

Full flexion

ER at 90 abduction: 45-70

IR at 90 abduction: 60-70

Initiate exercise tubing ER and IR (arm at side)

Initiate isotonic dumbbell exercises for deltoid, supraspinatus

- up to 3 lbs. max (once full AFE is achieved)

PNF strengthening

Weeks 10 to 14

Slightly more aggressive strengthening

Continue all stretching exercises

***Progress ROM to functional demands

Phase III: Minimal protection phase

Goals: Establish and maintain full ROM

Improve muscular strength, power and endurance

Gradually initiate functional activities

Criteria to enter Phase III:

1. Full pain-free ROM
2. Satisfactory stability
3. Strength improving
4. No pain or tenderness

Weeks 14 to 18

Continue all stretching exercises

Continue strengthening exercises

Fundamental throwing exercises

PNF manual resistance

Endurance training

Initiate light plyometrics

Light swimming

Initiate plyometric program (if needed)

Do not begin until 5/5 MMT for rotator cuff and scapula.

QD at most

Begin with beach ball/tennis ball progressing to weighted balls

a) 2-handed tosses: overhand

- Underhand

- Diagonal

b) 1-handed stability drills

c) 1-handed tosses (vary amount of abduction, UE support, amount of protected ER)

Weeks 18 to 20

Continue all above exercises

Initiate ITP

Phase IV: Advanced strengthening phase

Goals: Enhance strength, power and endurance
Progress functional activities
Maintain shoulder mobility

Criteria to enter Phase IV:

1. Full pain-free ROM
2. Satisfactory static stability
3. Strength 75-80% of contralateral side
4. No pain or tenderness

Weeks 20 to 24

Continue flexibility exercises
Continue isotonic strengthening program
PNF manual resistance patterns
Plyometric strengthening
Progress ITP

Phase V: Return to activity phase (6 to 9 months after surgery)

Gradually progress sport activities to unrestricted

Discharge/Return to sport criteria

1. PROM WNL for ADL's/work/sports
2. MMT 5/5 shoulder girdle and/or satisfactory isokinetic test
3. Complete plyometric program, if applicable
4. Complete interval return to sport program, if applicable