



# **GOLDEN STATE ORTHOPEDICS & SPINE**

## **Rehabilitation Protocol: Arthroscopic SLAP Repair**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

☐ **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: \_\_\_\_\_

**DR CHARLES PRESTON**  
**REHABILITATION PROTOCOLS**