Associate Professor of Orthopaedics Chief - Division of Sports Medicine Tel: (212) 598-6784

Rehabilitation Protocol: Arthroscopic SLAP Repair

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-4)	
• Sling immobilization at all times except for s	showering and rehab under guidance of PT
 Range of Motion –AAROM → AROM as tolers 	
 Restrict motion to 140° of Forward I 	Flexion, 40° of External Rotation and Internal Rotation to
stomach	
o No Internal Rotation up the back/No	External Rotation behind the head
Therapeutic Exercise	
Wrist/Hand Range of Motion Crip Strongthoning	
Grip StrengtheningIsometric Abduction, Internal/Exter	nal Rotation exercises with elbow at side
·	Flexion (to avoid stressing the biceps origin)
Heat/Ice before and after PT sessions	riemon (to avoid ou coomig the bicept origin)
Phase II (Weeks 4-6)	
Discontinue sling immobilization	
<u> </u>	, 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 	
•	r 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 wi	thout discomfort
 Therapeutic Exercise – Advance theraband of 	
	r Cuff, Deltoid and Scapular Stabilizers
 Continue and progress with Phase II 	exercises
Begin UE ergometer Modelities non DT discretion	
 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 	
o Return to throwing at 4.5 months	,
Return to sports at 6 months if appr	oved
 Modalities per PT discretion 	
Comments:	
Frequency: times per week	Duration: weeks
Signature:	Date: