

**Arthroscopic SLAP Repair Physical Therapy Protocol
(with mini open biceps tenodesis)**

Physical Therapy will begin at 6 weeks Post Operatively. Please instruct patients on safe methods of dressing, bathing and personal care.

Patient post operative instructions for first 6 weeks

Sling Immobilization with abduction pillow to be worn day and night x 6 weeks with the exception of during the following exercises:

Perform Pendulum and Salutes twice daily

(for biceps tenodesis, pendulum supported with opposite arm, NO salutes)

Passive and Active ROM of Elbow and Wrist

(for biceps tenodesis, NO Active contraction of biceps for 6 weeks. Passive ROM of Elbow and Wrist only)

Postural Education: Scapular Squeezes x 10 with 5 second holds 3 times daily.

Weeks 6-9

Begin formal physical therapy at 6 weeks Post Op.

Discontinue use of sling

Warm-Up shoulder: Gentle Pendulums

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Flexion in scapular plane to 90 degrees

Abduction to 60 degrees

ER at side to 20-30 degrees in scapular plane

IR at side to resting position

Gentle Soft Tissue Massage

Gentle Posterior Joint Mobilization (Grades I-II)

Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction

Scapular Stabilization exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 10-12

Warm-Up shoulder: Gentle Pendulums; Retro UBE below 90 degrees flexion

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Flexion in scapular plane to 145 degrees

Abduction to 145 degrees

ER 45 degrees at 45 degrees abduction

IR 55 degrees at 45degrees abduction

Active Assisted ROM of shoulder:

Flexion and abduction progress within ROM limitations from supine to upright

*wand/pulleys

ER to 30 degrees

AROM

Continue to progress flexion and abduction

Progress Isotonic Strengthening as tolerated:

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Prone, supine, standing and side-lying exercises with light resistance
Ex: prone row, extension, HAbd; S-L ER; supine punches; bicep/tricep;
latissimus below 90 degrees abduction
*Emphasize correct scapulohumeral function
Initiate IR/ER at neutral (0 degrees of abduction) with tubing
*Place towel roll between elbow and side
Initiate Rhythmic Stabilization at 90 degrees flexion
Initiate gentle stretching towel and side-lying IR stretch
Initiate gentle posterior capsule stretch
Gentle Soft Tissue Massage
Continue Posterior and initiate inferior GH joint mobilization (Grade III-IV)
Scapular Stabilization exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 13-15

Warm-Up shoulder UBE for endurance
Active Assisted and Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
Flexion in scapular plane restore to full
Abduction to full
ER at 90 degrees abduction: up to 90 degrees
IR at 90 degrees abduction: up to 70 degrees
Active Assisted ROM
All directions within ROM limitations provided above
Active ROM
Continue to progress per ADL demands
Initiate PNF patterns progress to PNF with tubing
Progress Isotonic Strengthening exercises:
Advance progression of deltoid, biceps, triceps, latissimus strengthening
Advance ER/IR exercises to elevated position for overhead athletes
Advance Closed Chain exercises as tolerated
Advanced eccentric strengthening of posterior cuff and scapular musculature
Initiate light plyometrics
Gentle Soft Tissue Massage
Continue posterior and inferior GH Joint mobilization (Grade III-IV)
Continue posterior capsule and IR stretching
Scapular Stabilization exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 16-20

Warm-Up shoulder UBE for endurance
ROM
Continue to progress PROM, AAROM and AROM as needed for ADL and sport demands
Progress Strengthening
Continue to progress muscle strength and endurance
Continue to progress sports specific activities

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Initiate light tossing if full ROM is achieved in all planes
Begin with single knee throwing emphasizing proper throwing mechanics and follow through progress to 15 ft standing throws with proper technique
Begin throwing progression once above has been achieved
Restricted sports activity (light swimming; half golf swings)
Sports specific activities
No contact sports until 6 months post op

Return to Sport

Follow up and medical clearance to return to sport from your physician.

Full throwing status at 6-8 months and successful completion of throwing program

Non contact sport approximately 3 months

Contact sport 6 months

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