

Rehabilitation Protocol: Arthroscopic SLAP Repair

Date of Surgery: _____

Procedure: ☐ SLAP Repair ☐ Biceps Tenodesis

Biceps Anchor Protection: Avoid stress to the repaired biceps anchor – limit ER (peel-back) and avoid active/resisted biceps early as outlined below.

Biceps Tenodesis: If performed, no resisted biceps or supination exercises until 12 weeks.

Progression is both time- and criteria-based. Outcome measures each phase: QuickDASH, ASES, NPRS. Please contact our office with any questions or concerns.

☐ Phase I – Protection (Weeks 0–4)

- **Sling:** At all times for 4 weeks except for exercises and hygiene
- **Precautions:** Protect the anterior capsule and biceps anchor; no forced stretching; **no active elbow flexion or biceps contraction**; avoid painful activities
- **Range of Motion** – Passive only, in the scapular plane: **ER max 10°; forward elevation and abduction max 90°**
- **Therapeutic Exercises**
 - Passive supine forward elevation and ER within limits
 - Passive elbow ROM
 - Wrist AROM and gripping; postural awareness; scapular retraction
 - Deltoid isometrics; modalities as needed
- **Criteria to Progress:** Decreasing discomfort at rest

☐ Phase II – Intermediate (Weeks 4–6)

- **Sling:** Discontinue at 4 weeks
- **Precautions:** No forced PROM; monitor for stiffness; no resisted biceps
- **Range of Motion** – Increase passive supine ROM in the scapular plane (do not force); **ER max 45° until 10 weeks**
- **Therapeutic Exercises**
 - Pendulums/Codman's within a controlled arc below 110°
 - Active elbow ROM without resistance
 - Scapular isometrics; deltoid and submaximal rotator cuff isometrics
 - Elastic band rows
 - Pool (once incision healed): gentle AAROM in elevation, abduction, extension, horizontal adduction; elbow flexion/extension
 - Lower extremity and trunk strengthening
- **Criteria to Progress:** No pain at rest; progressing passive elevation; ER to 45° at side; tolerating scapular and RC exercises without discomfort

☐ Phase III – Advanced (Weeks 6–15)

- **Precautions:** No forced PROM; avoid undue stress to the anterior shoulder; **all strengthening below shoulder height until 12 weeks**
- **Range of Motion** –
 - **Weeks 6–10:** Gradual A/AA/PROM for ER with arm at side (**max 45°**); progress flexion to 160°; AAROM for IR and horizontal adduction
 - **Weeks 10–12:** ER at 45° abduction; **goal full ROM by ~12 weeks**
 - **Week 12+:** Begin ER at 90° abduction – slow, gradual progression

- **Therapeutic Exercises**

- Rotator cuff isometrics progressing to isotonics in modified neutral; emphasize posterior cuff, latissimus, and scapular muscles with eccentrics
- Light biceps and triceps PREs beginning at 6 weeks (no biceps resistance until 12 weeks if tenodesis)
- Scapular stabilization: quadruped double-arm protraction; prone T and I, progressing to Y and W as ROM allows
- Posterior glides and posterior shoulder stretching at PT discretion
- Pool: AROM in all directions below horizontal, progressing to light resistance
- **Week 12+:** Thrower's Ten, progressing to Advanced Thrower's Ten; 90/90 ER/IR strengthening; end-range stabilization with exercise blade/perturbations; UE ergometer; core/kinetic linking

- **Criteria to Progress:** Full shoulder AROM; 4/5 strength below shoulder height

☐ **Phase IV – Neuromuscular/Plyometrics (Weeks 16–19)**

- **Goals:** Restore normal neuromuscular function; maintain strength and flexibility; isokinetic IR/ER strength at least equal to the unaffected side; ER/IR strength ratio >66%; prevent re-injury
- **Precautions:** Plyometrics must be pain-free; modify for significant pain with a specific activity or any feeling of instability
- **Therapeutic Exercises**
 - Full upper extremity strengthening; ER/IR in 90/90 position (overhead athletes)
 - Continue RC and scapular stabilization; progress Advanced Thrower's Ten
 - Plyometric progression over 4 weeks: double-hand chest pass, overhead soccer pass, and chops; single-hand IR at 0° abduction; eccentric catch; single-hand 90/90 IR
 - Endurance: double-hand overhead wall taps; single-arm 90/90 and 12-to-3 o'clock wall taps; exercise blade
 - Sport- and activity-specific program; update HEP
- **Criteria to Progress:** Pain-free sport- or activity-specific program; isokinetic IR/ER strength at least equal to unaffected side; ER/IR ratio >66%; independent with HEP and sport/activity program

☐ **Phase V – Return to Sport (Month 5+)**

- **Return to Activity:** Non-contact recreational activities may resume once Phase IV criteria are met; contact and overhead sports follow the interval sports program below
- **Therapeutic Exercises**
 - Initiate interval sports program at 5 months
 - Continue upper and lower extremity flexibility and advanced shoulder/scapular strengthening
 - Gradually progress sport activity and monitor workload
- **Criteria for Return to Sport:** Symptom-free progression through interval sports program; independent with arm care program; physician clearance