

Professor of Orthopaedic Surgery Division of Sports Medicine Tel: (646) 501-7223

Rehabilitation Protocol: Arthroscopic SLAP Repair

Name:	Date:
Diagn	osis: Date of Surgery:
Pha	se 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 O Wrist/Hand Range of Motion O 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
Ph	ase 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
Ph	ase 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
•	Modalities per 11 discretion
Ph	ase 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 Potum to through a t 4.5 months.
	 Return to throwing at 4.5 months Return to sports at 6 months if approved
•	Modalities per PT discretion
Comm	ents:
Frequ	ency: times per week Duration: weeks



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Signature: Date:	Signature:	Date:
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