

Arthroscopic SLAP Repair Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Sling: ☐ 6 wks (standard) ☐ Accelerated: _____ wks	Other Precautions:
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Precautions above are patient-specific and supersede the general timeframes below. **The biceps–superior labral anchor is the rate-limiting factor: PROM starts immediately in every case, while external rotation is restricted for 8 wks and biceps loading for 10 wks regardless of sling duration.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect biceps–labral anchor repair; control pain/swelling - Immediate PROM within limits to prevent stiffness - Maintain elbow/wrist/hand mobility - Initiate scapular activation	Precautions - Sling (abduction pillow) per parameters above; off for hygiene and exercises - No active shoulder ROM, lifting, or carrying while in sling - ER in scapular plane $\leq 30^\circ$ wks 0–4, $\leq 45^\circ$ wks 4–8; no ER in abduction (90/90) - No resisted or loaded elbow flexion/supination (biceps) until 10 wks - Avoid extension behind the body and combined abduction + ER If accelerated sling: AAROM → AROM begins when sling is discontinued; ER and biceps restrictions unchanged	Treatment Focus - Pendulums 2x/day - PROM from day 1 in scapular plane: elevation $\approx 90^\circ$ wks 0–3, $\approx 120^\circ$ wks 4–6; ER to limits - AAROM (cane, pulley) from ≈ 4 wks - Unloaded AROM elbow/wrist/hand and grip daily - Scapular setting; submaximal pain-free cuff isometrics - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, PROM progressing to phase limits without sharp or deep superior shoulder pain.			
Phase 2 Weeks 6–12	Goals - Discontinue sling (if not already) - Full PROM, then AROM equal to PROM by 10–12 wks - Restore scapulohumeral rhythm - Begin cuff and periscapular strengthening	Precautions - ER $\leq 45^\circ$ and no ER in abduction until 8 wks; then advance gradually to full without forcing 90/90 - No resisted elbow flexion/supination until 10 wks; then start light and progress slowly - No heavy lifting, carrying, or pulling/traction through the arm - Progress by response, not calendar	Treatment Focus - AAROM → AROM all planes (cane, pulley, wall slides) - Cuff/periscapular strengthening from 6 wks: band IR/ER at side, rows, prone series, 2–3 sets x 10–15 - Rhythmic stabilization and closed-chain drills - Posterior capsule stretching (sleeper/cross-body) PRN tightness - Light biceps isotonic (curls, supination) from 10 wks
► Advance to Phase 3 when: full pain-free ROM including ER in abduction, AROM with normal mechanics, cuff/scapular strengthening pain-free.			

Phase	Goals	Precautions	Treatment Focus
Phase 3 Weeks 12–24	Goals • Normalize cuff, periscapular, and biceps strength/endurance • Restore dynamic stability and power • Begin sport-/work-specific training	Precautions • Progress load gradually; endurance before heavy load • No throwing until ≈16 wks and criteria met (full ROM, pain-free strengthening) • No contact/collision or unrestricted overhead sport before 6 months	Treatment Focus • Progressive isotonic/isokinetic strengthening; Thrower's Ten; ER/IR at 90° abduction • Eccentric posterior cuff and biceps work • Plyometrics: two-hand ≈12 wks → one-hand ≈16 wks • Weight training (machines → free weights) as tolerated • Light non-throwing sport drills from ≈3 months • Throwers: interval throwing program (flat ground) from ≈4 months
► Advance to Phase 4 when: full pain-free ROM, strength approaching symmetry, sport-specific drills and early interval throwing tolerated without pain.			
Phase 4 Weeks 24–36+ (≈ Month 6–9)	Goals • Symmetric strength (ER/IR ≥90% contralateral) • Complete sport-specific/interval throwing progression • Unrestricted return to sport/work	Precautions • Clearance is criteria-based, not time-based alone • Non-throwing and contact athletes ≈6 months • Throwers: full competitive throwing often not until 9–12 months	Treatment Focus • Strength testing (handheld dynamometer or isokinetic ER/IR) vs. contralateral • Interval throwing: long toss → mound → competition • Sport-specific drills at full speed and load • Maintenance cuff/scapular and posterior shoulder flexibility program
► Full Release (typically 6–9 months / 24–36 wks): full pain-free ROM, strength ≥90% contralateral with balanced ER/IR, pain-free sport-specific activity, interval program completed (throwers), cleared by physician.			

Special Considerations

- Return to sport, outside of overhead throwing more reliably by 6 months. Overhead throwing requires delayed, progressive protocol to protect repair and build surrounding musculature/biomechanics. Do not rush the throwing progression.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.