



Kevin B. Freedman, M.D.
 Sports Medicine
 27 South Bryn Mawr Ave
 Bryn Mawr, PA 19010-3470
 Phone: (610) 527-2727
 Fax: (610) 527-1588

ARTHROSCOPIC SLAP REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION*	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I 0-4 weeks	Active/Active-Assistive: stretch to 40 ° of external rotation, and 120° of forward flexion - internal rotation to stomach Abduction to 45 degrees No cross-body adduction	Worn at all times except for hygiene and therapeutic exercise	Elbow/wrist/hand ROM, grip strengthening, isometric in sling, external/internal rotation exercises with elbow at side No resisted forward flexion or biceps until 6 weeks post-op
PHASE II 4 - 8 weeks	Increase forward flexion to 140/60 ER at side/ 60 abduction/ IR behind back to waist	None	Advance isometrics in phase I to use of a theraband, continue with elbow/wrist/hand ROM and grip strengthening, begin prone extensions, and scapular stabilizing exercises, gentle joint mobs Modalities as needed
PHASE III 8 - 12 weeks	Progress to full active motion without discomfort Gentle passive stretching at end ranges	None	Advance theraband exercises to use of weights, continue with and progress exercises in phase II Include RTC, deltoid, and scapular stabilizers
PHASE IV 12 weeks - 6 months**	Full without discomfort	None	Advance exercises in phase III, begin functional progression to work/sport, return to previous activity level* begin upper body ergometer, proprioception plyometrics Return to throwing at 4 1/2 months Throw from pitcher's mound at 6 months

*Patient may return to the weight room at 3 months, if appropriate

**Patient may return to competitive sports, including contact sports, by 6 months, if approved