

Arthroscopic Superior Labral (SLAP) Stabilization Rehabilitation Program

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Diagnosis: Right / Left SLAP Stabilization _____

Date of Surgery: _____

Weeks 0-6 (Phase I):

- Sling in neutral rotation (padded abduction sling)
- Codman exercises, elbow and wrist ROM
- Wrist and grip ROM and strengthening
- Encourage patients to perform exercises 5 repetitions x 10sec, 5x/day
- Scapular stabilization (rhomboid, trapezius, serratus anterior) start week 2-4
- Isometric deltoid (anterior, middle, posterior) start week 2-4.
- No resisted forward flexion or biceps until 6 weeks post op as to not stress the biceps root
- Heat before treatment, ice after treatment per therapist's discretion
- D/C sling after 5 weeks

Range of Motion Goals

	Wk 0-2	Wk 3-4	Wk 5-6
Passive forward elevation	90°	120°	145°
Passive external rotation	0°	20°	45°
Internal rotation	Buttocks	L3	T12
Cross body adduction	Neutral	20°	40°

Weeks 6-12 (Phase II):

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Once motion achieved, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

Months 3-12 (Phase IV):

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception
- Begin sports related rehab at 3 months, including advanced conditioning/weight room activities
- Return to throwing at 4 1/2 months
- Push-ups at 4 1/2 - 6 months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months post-op