

PHYSICAL THERAPY PRESCRIPTION:
SHOULDER ARTHROSCOPY WITH SLAP REPAIR

- **Weeks 1-6:Phase I**
- **Slings Immobilizer:** At all times except for showering and exercise
- **Exercises:** Passive ER and extension to neutral
 - Passive FF in scapular plane to 90
 - AROM wrist/elbow
 - Scapular “pinches”
 - Pain free submaximal deltoid isometrics
 - Modalities as needed
- **Advancement Criteria:** ER to neutral
 - FF in scapular plane to 90
 - Minimal pain and inflammation

- **Weeks 6-10:Phase II**
- **Slings Immobilizer:** Discontinue at week 6
- **Exercises:** Active assisted FF in scapular plane to 145 (wand exercises, pulleys)
 - Active assisted ER to 30 degrees until week 8 then advance as tolerated
 - Manual scapular side-lying stabilization exercises
 - IR/ER/FF submaximal, pain free isometrics
 - IR/ER/FF isotonic strengthening at 8 weeks
 - Begin humeral head stabilization exercises
 - Begin latissimus strengthening: limited to 90 deg FF
 - Modalities as needed
- **Advancement Criteria:** FF to 145
 - ER to 60
 - Normal scapulohumeral rhythm
 - IR/ER strength 5/5
 - Minimal pain and inflammation

- **Weeks 10-14:Phase III**
- **Exercises:** AAROM for full FF and ER
 - AAROM for IR – no limits
 - Aggressive scapular (esp mid and lower trapezius) and latissimus strengthening
 - Cont RTC strengthening
 - Begin biceps strengthening
 - Progress IR/ER to 90/90 position if required
 - Isokinetic training and testing
 - General upper extremity flexibility exercises

- Advancement Criteria: Normal scapulohumeral rhythm
 - Full upper extremity ROM
 - Isokinetic IR/ER strength 85% of uninvolved side
 - Minimal pain and inflammation

- **Weeks 14-18:Phase IV**
- Exercises: Continue full upper extremity strengthening program
 - Continue upper extremity flexibility exercises
 - Activity-specific plyometrics program
 - Begin sport or activity related program
 - Address trunk and lower extremity demands

 - Begin Throwing program
- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
 - Emphasize posterior capsule stretching

- **Note** – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

- Discharge Criteria:
 - Isokinetic IR/ER strength equal to uninvolved side
 - Independent HEP
 - Independent, pain-free sport or activity specific program