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Rehabilitation after Arthroscopic Labrum Repair of the Shoulder (SLAP)

DISCLAIMER: The following Physical Therapy protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the Physical Therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.

Phase 1: 0 to 4 weeks after surgery

- **Goals:**

Protect the surgical repair, ensure wound healing, prevent shoulder stiffness, regain range of motion, control pain and swelling

- **Sling**

Use your sling most of the time for the first 2 weeks. The doctor will give you additional instructions on the use of the sling at your post-operative office visit. Remove the sling 4 or 5 times a day to do pendulum exercises. *Sling can be discharged at the end of week 4.*

- **Use of the operated arm**

You may use your hand on the operated arm in front of your body but **DO NOT** raise your arm overhead. Avoid extending the arm behind you and avoid putting your arm in a position as if your hands were behind your head. It is all right for you to flex your arm at the elbow but do not lift any objects in excess of 2 pounds or engage in activities that involve forceful use of the forearm such as using a screwdriver. Use of a computer or writing is all right as long as it is not painful.

- **Showering**

You may shower or bath and wash the incision area. To wash under the operated arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.

- Exercises

- ICE:

Days per Week: 7 as necessary 15- 20 minutes

Times per Day: 4-5

- STRETCHING / PASSIVE MOTION

Days per Week: 7, Times per day: 4-5

- Program:

- Pendulum exercises

- Supine External Rotation

- Supine assisted arm elevation

- Behind the back internal rotation

- Isometric exercises: internal and external rotation at neutral

- Rhythmic stabilization and proprioceptive training drills with Physical Therapist

- Ball squeeze exercise

- Scapular retraction

Phase 2: 5 to 7 weeks after surgery

- Goals

Protect the surgical repair, improve range of motion of the shoulder, begin gentle strengthening

- Sling

Your sling is no longer necessary unless your doctor instructs you to continue using it (use it for comfort only).

- Use of the operated arm

You can now move your arm for most daily activities, but you need to continue to be careful not to lift objects heavier than 1 or 2 pounds. You should avoid forceful pushing or pulling activities. You should avoid activities that load the biceps muscle, such as turning a screwdriver or carrying a heavy box. You should continue to avoid reaching

behind you or other positions with the hand behind the head.

- Bathing and showering

Continue to follow the instructions from phase one and the instructions above.

- Exercise

- STRETCHING / ACTIVE MOTION

- Days per week: 7, Times per day: 1 to 3

- Pendulum exercises

- Theraband internal and external rotation

Supine External Rotation
Standing forward flexion (scaption)
Standing External Rotation
Prone row
Supine passive arm elevation
Prone horizontal abduction 'T's
Prone extension
Seated-Standing Arm Elevation
Behind the back internal rotation

- STRENGTHENING EXERCISES

Days per week: 7, Times per day: 1

Prone extension
Sidelying external rotation

Bicep curls (*Starting week 6 after surgery*)

Phase Three: 8 to 12 weeks after surgery

● Goals

Protect the surgical repair, regain full range of motion, continue strengthening progression

● Use of the operated arm

You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care.

You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could still disrupt the healing of your surgical repair.

● Exercise

- STRETCHING / RANGE OF MOTION

Days per week: 7, Times per day: 1-2

Pendulum exercises
Standing External Rotation / Doorway Seated Row
Wall slide Stretch
Hands-behind-head stretch (*Starting the 9th week after surgery*)
Standing Forward Flexion
Behind the back internal rotation
Supine Cross-Chest Stretch
Sidelying internal rotation (sleeper stretch)

- STRENGTHENING / THERABAND

Days per week: 7, Times per day: 1

External Rotation

Internal Rotation

Standing Forward Punch

Shoulder Shrug

Dynamic hug

"W"'s

Seated Row (*Start the 11th week after surgery*)

- STRENGTHENING/DYNAMIC

Days per week: 7, Times per day: 1

Add resistance 1-3lbs

Side-lying External Rotation

Prone Horizontal Arm Raises "T's"

Prone Row

Prone Scaption "Y's"

Prone extension

Standing forward flexion "full can" scaption

Rhythmic stabilization and proprioceptive training drills with Physical Therapist

Phase Four: 12 to 16 weeks after surgery

● Goals

Gradual initiation of functional activities, maintain full range of motion, continue progressive strengthening

● Exercise Program

- STRETCHING / RANGE OF MOTION

Times per day: 1, Days per week: 5-7

Pendulum exercises

Standing External Rotation / Doorway

Wall slide Stretch

Hands-behind-head stretch

Behind the back internal rotation

Supine Cross-Chest Stretch

Sidelying internal rotation (sleeper stretch)

External rotation at 90° Abduction stretch

- STRENGTHENING / THERABAND
 - Times per day: 1 Days per week: 3
 - Continue exercises from phase 3
 - Optional exercises for overhead sports:
 - External rotation at 90°
 - Internal rotation at 90°
 - Standing 'T's
 - Diagonal up
 - Diagonal down
- STRENGTHENING / DYNAMIC
 - Times per day: 1 Days per week: 3
 - Continue exercises from phase 3
 - Prone external rotation at 90° abduction "U's
 - Biceps curls
 - Resisted forearm supination-pronation
 - Resisted wrist flexion-extension
 - PNF manual resistance with Physical Therapist
 - Push Ups
- PLYOMETRICS
 - Times per day and days per week: Per Physical Therapist
 - 'Rebounder' throws with arm at side
 - Wall dribbles overhead
- WEIGHT TRAINING
 - Initiate once patient has achieved full ROM
 - 3 sets, 10-20 reps
 - Avoid muscle failure
 - Avoid the following exercises:
 - Pull downs behind-the-neck (wide-grip)
 - Behind-the-neck shoulder press
 - Wide-grip bench press
 - Standing lateral deltoid raises
 - Triceps press overhead
 - Exercises to be cautious with
 - Pull downs (avoid wide grip)

- Shoulder press and bench press (avoid wide grip)
- Standing lateral deltoid raises (avoid)
- Chest fly (avoid lowering hands below/behind chest level)
- Pec Deck machine (Avoid elbows being pulled behind the plane of the chin)
- Triceps Dips (do not lower elbows below 90 degrees)
- Upright rower (do not pull too high, keep grip approx 12" wide)

Phase Five: 16 to 20 weeks after surgery

● Goals

- Progression of functional activities, maintain full range of motion, continue progressive strengthening

● Exercise Program

- STRETCHING / RANGE OF MOTION

Days per week: 5-7 Times per day: 1

Continue all exercises from phase 4

- STRENGTHENING / THERABAND

Days per week: 3 Times per day: 1

Continue from phase 4

- STRENGTHENING / DYNAMIC

Days per week: 3 Times per day: 1

Continue from phase 4

- PLYOMETRIC PROGRAM

Days per week and times per day: Per Physical Therapist

'Rebounder' throws with arm at side

Wall dribbles overhead

Rebounder throwing/weighted ball

Deceleration drills with weighted ball

Wall dribbles at 90°

Wall dribble circles

- INTERVAL SPORT PROGRAMS

To be initiated with Physical Therapist

References of adaptation:

Rehabilitation following Arthroscopic Labrum Repair of the Shoulder (SLAP).Massachusetts General; Boston, MA.

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