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## **REHABILITATION PROGRAM AFTER ARTHROSCOPIC SLAP REPAIR**

### **Phase I: Immediate post-operative phase (Restrictive motion)**

Goals: Protect the anatomic repair  
Prevent negative effects of immobilization  
Promote dynamic stability  
Decrease pain and inflammation

#### **Weeks 0 to 2**

Sling for 4 weeks  
Sleep in immobilizer for 4 weeks  
Elbow and hand ROM exercises  
Hand gripping exercises  
Passive and gentle active assistive ROM  
Flexion to 60-75  
Elevation to 60 in scapular plane  
ER to 5-10  
IR to L2  
\*\*\*No active elbow flexion  
Sub maximal isometrics for shoulder musculature  
Cryotherapy, modalities as indicated  
No AROM, ER, extension or abduction

#### **Weeks 3 to 4**

Discontinue sling at 4 weeks  
May use immobilizer for sleep  
ROM exercises (PROM and AAROM)  
Flexion to 90-110  
Abduction to 75-85  
ER in scapular plane to 15-20  
IR in scapular plane to 55-60  
Progress ROM and initiate AROM after 4 weeks  
Continue isometrics, modalities and cryotherapy

## Weeks 5 to 6

Gradually improve ROM  
Flexion: 140  
ER at 45 degrees abduction: 25-30  
IR at 45 degrees abduction: 55-60  
Initiate exercise tubing ER and IR (arm at side)  
PNF manual resistance  
May initiate gentle stretching  
Posterior Capsular Stretching  
**No biceps strengthening**

## **Phase II: Intermediate phase (Moderate protection)**

Goals: Gradually restore full ROM  
Preserve the integrity of the surgical repair  
Restore muscular strength and balance

## Weeks 7 to 9

Gradually progress ROM  
Full flexion  
ER at 90 abduction: 45-70  
IR at 90 abduction: 60-70  
Initiate isotonic dumbbell exercises for deltoid, supraspinatus, up to 3 lbs. max (once full AFE is achieved)  
PNF strengthening

## Weeks 10 to 14

Slightly more aggressive strengthening  
Continue all stretching exercises  
\*\*\*Progress ROM to functional demands

## **Phase III: Minimal protection phase**

Goals: Establish and maintain full ROM  
Improve muscular strength, power and endurance  
Gradually initiate functional activities

Criteria to enter phase III:

1. Full pain-free ROM
2. Satisfactory stability
3. Strength improving
4. No pain or tenderness

## Weeks 15 to 18

Continue all stretching exercises  
Continue strengthening exercises  
Fundamental throwing exercises  
PNF manual resistance

Endurance training  
Initiate light plyometrics  
Light swimming  
Initiate plyometric program (if needed)  
Do not begin until 5/5 MMT for rotator cuff and scapula. QD at most  
Begin with beach ball/tennis ball progressing to weighted balls

- a) 2-handed tosses – overhand
  - underhand
  - diagonal
- b) 1-handed stability drills
- c) 1-handed tosses (vary amount of abduction, UE support, amount of protected ER)

### **Weeks 18 to 21**

Continue all above exercises  
Initiate ITP

### **Phase IV: Advanced strengthening phase**

Goals: Enhance strength, power and endurance  
Progress functional activities  
Maintain shoulder mobility

Criteria to enter phase IV:

1. Full pain-free ROM
2. Satisfactory static stability
3. Strength 75-80% of contralateral side
4. No pain or tenderness

### **Weeks 20 to 24**

Continue flexibility exercises  
Continue isotonic strengthening program  
PNF manual resistance patterns  
Plyometric strengthening  
Progress ITP

### **Phase V: Return to activity phase (6 to 9 months after surgery)**

Gradually progress sport activities to unrestricted parti

Discharge/Return to sport criteria

1. PROM WNL for ADL's/work/sports
2. MMT 5/5 shoulder girdle and/or satisfactory isokinetic test

3. Complete plyometric program, if applicable
4. Complete interval return to sport program, if applicable

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