



Dr. Joshua Alpert  
 Post-Operative Rehabilitation Protocol:  
 Shoulder-Arthroscopic Superior Labrum (SLAP) Repair

	Sling	ROM	Exercise	Precautions
<b>PHASE I</b> 0-4 weeks  <b>Goals:</b> - allow healing - initiate restricted, protected ROM - minimize muscular atrophy - decrease pain and inflammation	Sling at all times except for hygiene and exercises	PROM ONLY <u>Week 0-2:</u> flexion as tolerated. - ER/IR with arm in scapular plane at 40° abduction: ER to 15°. IR to 45°  <u>Week 2-4:</u> flexion as tolerated. Abduction to 80°. - ER/IR with arm in scapular plane at 40°: ER to 30°. IR to 60°	Pendulum exercise. Active-assisted supine FF as tolerated. ERN as tolerated. Scapular retraction. IR behind back.  Isometric exercises at 0° of abduction. Ball squeezes. Rhythmic stabilization. ROM for elbow, forearm, hand	- NO active ER, extension, or abduction - avoid passive ER in abduction - avoid excessive shoulder extension
<b>PHASE II</b> 4-8 weeks  <b>Goals:</b> - gradual increase in ROM - decrease pain	None	Flexion as tolerated. ER at 45°, abduction to 50° IR at 45°, abduction to 60°  Okay to start AROM  <u>At 6 weeks:</u> begin light and gradual ER at 90° abduction: progress ER to 45°	ERN. IR behind back. Supine FF as tolerated.  Cont phase 1 exercises: active assisted progressing to active forward flexion with scapulohumeral rhythm. Side lying ER. side lying scaption. Prone row, prone extension. Prone T standing scaption. TheraBand ER/IR. Proprioception drills.	- Gentle mid-range ER in POS, gradually progress to coronal plane. - cautiously improve ERN - NO strengthening at all
<b>PHASE III</b> 8-12 weeks  <b>Goals:</b> - gradually restore full ROM - improve neuromuscular control	None	Gradually progress ROM: flexion to 180°, ER at 90°: abduction to 90°. IR at 90°: abduction to full	ER at scapular plane. Wall slide. IR behind back. Horizontal adduction. Side lying IR@90°. Overhead pulley. - At week 9: hands behind head.  <span style="background-color: yellow;">(cont'd next page)</span>	- Gentle mid-range ER in POS, gradually progress to coronal plane. - cautiously improve ERN

<p><b>PHASE III ct'd</b> - enhance proprioception and kinesthesia</p>			<p>TheraBand: ER, IR, forward, punch shrug, dynamic hug, "w"s. - At week 9: bicep curl - At week 11: seated row</p> <p>Dynamic: continue from phase 2. Up to 1-3lbs as tolerated. Prone Y. continue RS. proprioception drills. Scapulohumeral rhythm exercises</p>	
<p><b>PHASE IV</b> 12-16 weeks</p> <p><b>Goals:</b> - full ROM - improve strength power, endurance, dynamic stability, scapular muscle</p>	None	Progress and stretch to full ROM. continue previous stretches.	<p>Continue phase 3. Weight training can begin.</p> <p>Optional exercise - TheraBand: add 'T's, diagonal up and down, add prone 'U's. - plyometric: rebounder throws with arm at side. Wall dribbles overhead.</p>	<p>- No sports yet. - weight training per surgeon - continue to avoid excessive or forceful extension and ER</p>
<p><b>PHASE V</b> 16-20 weeks</p> <p><b>Goals:</b> - increase activities for functional return</p>	None	Full ROM	<p>Continue above plyometrics. Add rebounder throws with weighted ball. Decelerations. Wall dribbles at 90°. Wall dribble circles. - interval sports programs can begin per surgeon</p>	<p>- weight training precautions - optional shoulder brace for collision sports</p>

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