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**Post-Operative Rehabilitation Protocol Following Arthroscopic  
SLAP Debridement (Type I and III)  
Revised (11/8/12)**

This protocol guides a progressive return to full activity beginning **at 3 months** if all other criteria are achieved. If the criteria are met sooner, the patient must restrict his/her activity level until cleared by the surgeon. **If patient has a concomitant injury/repair (such as a rotator cuff repair) treatment will vary. Please consult with surgeon.**

**Weeks 0-6**

**Goals:**

1. Permit capsule-ligamentous-labral healing
2. Minimize effects of immobilization
3. Decrease pain and inflammation
4. Patient education
5. Discontinue brace use at 4-6 weeks

**Treatment:**

- **No formal physical therapy**
- Home exercise program of pendulums, scapula squeezes, wrist ROM, gripping exercises, and ice as needed
- Elbow PROM (no biceps activation)

**Weeks 6 -8**

**Goals:**

1. Normalize arthrokinematics of glenohumeral and scapulothoracic joints
2. Initiate strength and proprioceptive training
3. Decrease pain and inflammation

**Treatment**

- **Initiation of formal physical therapy**
- Address shoulder ROM deficits gradually
- Shoulder strength (IR/ER/Extension/Abduction/Forward Elevation) with bands/weights (begin with non-provocative positions)
- Scapular stabilization
- Begin biceps AROM

Should have full ROM with no pain/tenderness to progress to Phase III

## **Weeks 8 to 11**

### **Goals:**

1. Full AROM and PROM
2. Improve muscular strength and endurance
3. Improve neuromuscular control

### **Treatment**

- Continue strength/ROM as above
- Scapular stabilization
- Thrower's Ten
- PNF D2 manual resistance
- Nonprovocative neuromuscular and proprioceptive activities (ie: bodyblade)
- **Initiate full weight-bearing activity/closed kinetic chain at week 10**
- **Initiate double-arm open chain plyometrics at week 10 (begin with chest pass)**
- Incorporate lower extremity/core stability into program
- Begin biceps tubing exercises
- **Initiate ER/IR strengthening at 90° abduction**
- Initiate sport specific drills, preparation for throwing drills
- Functional and overhead strengthening

Should have full pain-free ROM, adequate strength, and satisfactory clinical exam to progress to Phase IV

## **Weeks 12 to discharge:**

### **Goals:**

1. Improve neuromuscular control
2. Improve muscular strength and endurance
3. Initiation of functional activities and sport specific drills
4. Gradual return to full unrestricted sport activities
5. Maintain ROM, stability, and neuromuscular control

### **Treatment**

- Continue strengthening program
- Continue neuromuscular control drills
- Continue plyometric drills
- Incorporate lower extremity/core stability into program
- **Initiate interval throwing program with progression to position specific throwing program**

*Criteria To Discharge For Return to Full Sport Activities*

- *Normal arthrokinematics of GH and ST joint*
- *Satisfactory clinical exam*
- *Strength testing >90% contralateral side*
- *Subjective scoring (Penn Shoulder Score >90 points) (DASH<15)*
- *Completion of both interval and positional specific throwing program*

This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.  
Protocol adapted from Wilk et al, JOSPT, 2005.

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