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**Post-Operative Rehabilitation Protocol Following Arthroscopic
SLAP Debridement (Type II and IV)
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 the **end of the sixth post-operative month**. **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 **after 6 weeks**

Treatment:

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

Weeks 7 to 12:

Goals:

1. Normalize arthrokinematics of glenohumeral and scapulothoracic joints
2. Full shoulder ROM by week 10
3. Increase total arm/scapular strength
4. Initiate strength and proprioceptive training
5. Decrease pain and inflammation

Treatment

Weeks 7 to 9:

- Address shoulder ROM (ER at 90° to 90°; FE to 180°)
- Shoulder strength (IR/ER/Extension/Abduction/Forward Elevation) with bands/weights (begin with non-provocative positions)
- Begin biceps AROM
- Thrower's Ten

- PNF D2 manual resistance
- Non-provocative neuromuscular and proprioceptive activities (ie: bodyblade, rhythmic stabilization)
- Scapular stabilization
- Prone rows
- Supine ½ foam roll pectoralis stretch arms at side

Weeks 10 to 12:

- Continue strength/ROM as above
- **Initiate double-arm open chain plyometrics (begin with chest pass)**
- **Initiate ER/IR strengthening at 90° abduction**
- **Initiate full weight-bearing activity/closed kinetic chain at week 10**
- Incorporate lower extremity/core stability into program

Weeks 13 to 20

Goals:

1. Full AROM and PROM
2. Improve muscular strength and endurance
3. Initiation of functional activities

Treatment:

Weeks 13 to 16:

- Continue strength/ROM as above
- **Initiate single-arm open chain plyometrics**
- Functional and overhead strengthening

Weeks 16 to 20:

- Continue as above
- **Initiate interval throwing program (for most injuries, expect return to throwing by 3-6 months; throwing at full velocity is typically delayed until 6 months)**
- Initiate sport specific drills

Weeks 21 to 26

Goals:

1. Enhance muscular strength and endurance
2. Maximize neuromuscular control
3. Maintain shoulder ROM

Treatment:

- Continue strengthening program
- Continue neuromuscular control drills
- Continue plyometric drills
- Continue interval throwing program with progression to position specific throwing program

6 to 9 months

Goals:

1. Gradual return to full unrestricted sport activities
2. Maintain ROM, stability, and neuromuscular control
3. Achieve maximal strength and endurance

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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