

**Arthroscopic SLAP Repair Physical Therapy Protocol
(with mini open biceps tenodesis)**

Physical Therapy will begin at 6 weeks Post Operatively. Please instruct patients on safe methods of dressing, bathing and personal care.

Patient post operative instructions for first 6 weeks

Sling Immobilization with abduction pillow to be worn day and night x 6 weeks with the exception of during the following exercises:

Perform Pendulum and Salutes twice daily **ROTATOR CUFF REPAIR**

PHYSICAL THERAPY PROTOCOL

(WITH SUBSCAPULARIS REPAIR)

(WITH MINI OPEN BICEPS TENODESIS)

Please instruct patients on safe methods of dressing, bathing, and personal care.

WEEKS 0-2: PATIENT TO BEGIN AT HOME FOLLOWING SURGERY

Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of bathing and performing the following exercises:

Perform Pendulum with sling removed twice daily

(for biceps tenodesis, opposite arm supported pendulums)

Passive ROM of elbow and wrist 20 repetitions each twice daily

Ball Squeezes 10 hand squeezes every waking hour

WEEKS 2 – 4: BEGIN FORMAL PHYSICAL THERAPY AT 2 WEEKS PO

Sling Immobilization with abduction pillow x 6 weeks PO

Perform Pendulum with sling removed twice daily

(for biceps tenodesis, opposite arm supported pendulums)

Active ROM Elbow, Active ROM Wrist and Hand

(for biceps tenodesis Passive ROM elbow only; no Active ROM until 6 weeks PO)

Joint Mobilizations: AC, SC, and Scapula, NO GH mobilizations

Gentle Soft Tissue Massage

Passive ROM Shoulder to restore ROM (progress as tolerated unless limits noted below):

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair, to neutral)

IR to resting position (for posterior rotator cuff repair, no IR beyond neutral)

Avoid pulleys or self-assisted passive motion

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 5 - 6:

Discontinue sling at 6 weeks PO

Warm-Up Shoulder: Passive Pendulums, Codmans

Active ROM Elbow, Wrist and Hand

(for biceps tenodesis, begin Active Assist and Active ROM)

Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula

Gentle Soft Tissue Massage

Passive ROM Shoulder to restore Full ROM unless limits noted below:

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Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair to 30°)

IR to resting position; ***At 6 weeks, progress IR to tolerance

Begin AAROM at 6 weeks, flexion avoiding scapula elevation (seated pulley and/or supine wand)

At 6 weeks, begin submax pain free isometrics: shoulder flexion with elbow straight; extension and IR

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 7 – 8:

Warm-Up Shoulder: Apply moist heat in a supported, gentle stretch position as needed,

Pendulums, Active-Assist to Active Retro UBE

Joint Mobilizations: GH physiologic GI-IV as needed, AC, SC

Active-Assist, Passive ROM Shoulder:

Flexion in scapular plane, progress from supine to upright

ER/IR in abduction

Pulley in pain free range all directions

Soft Tissue Massage if needed

Pain free Isometric Shoulder Flex, Abd, Ext, ER, IR, biceps

Advance periscapular and elbow strengthening exercises

Begin Closed Chain UE activities

Wall Wash with towel- horizontal, vertical and diagonals

At 8 weeks, begin gentle RC strengthening exercises: **NO WEIGHT**

Prone extension; Prone Row; Prone Horizontal Abduction T position; Lower

Trap Y position

Begin Rhythmic Stabilization

Dynamic Light T-band isometrics

Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 9 - 12:

Active Warm-Up Shoulder: Pendulums, Active UBE

Joint Mobilizations: GH physiologic GIII-IV as needed AC, SC

Active, Active-Assist, Passive ROM Shoulder:

Flexion in the scapular plane, progressing from supine to upright

ER/IR in adduction/abduction

Horizontal abduction/adduction

(Restore Full Passive ROM Shoulder in all directions)

Gentle Soft Tissue Massage if needed

Gradually advance pain free RC strengthening:

Isometrics: As needed all directions

Wand exercises

PNF

Continue progressing isotonics with light weight as tolerated: Sidelying ER;

Sidelying abduction to 45 degrees, Standing Scaption thumbs up, Seated Press-

Up, Supine Protraction, Prone Horizontal Abduction in full ER, Prone Horizontal

Abduction in full IR; Progress to Theraband

Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination

CKC- wall push ups (approximately 10 weeks) adjust to various positions

Continue periscapular and elbow strengthening exercises

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Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 13 - 16:

Active Warm-Up Shoulder: Pendulums, Active UBE
Joint Mobilizations: GH physiologic GIII-IV as needed, AC, SC
Advance pain free Rotator Cuff strengthening at increasing angles and elevations
 Diagonal Patterns; Bent Row; Progress Closed Chain UE strengthening
Functional Eccentric Strengthening
Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)
Rhythmic Stabilizations
OKC/CKC Perturbation training
Continue periscapular and elbow strengthening exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 17 -20:

Advance strengthening exercises if appropriate
Continue Sport and Occupational specific strengthening and activities including
 Plyometrics if appropriate
Transition to home stretching/strengthening program or work conditioning if appropriate

Dr. Domb will only sign Therapy prescriptions at patient visits and will return them with the patient.

Please send Therapy progress notes/prescription renewals with patient or at least 3 days prior to the patient's visit so that we can internally process it for the visit.

Please send notes either

**by fax to Nadine Oostman at 630-323-5625 or
by email, nadine.oostman@hoasc.com, the preferred route.**

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Updated 6/2013

(for biceps tenodesis, pendulum supported with opposite arm, **NO** salutes)
Passive and Active ROM of Elbow and Wrist
(for biceps tenodesis, **NO** Active contraction of biceps for 6 weeks. **Passive ROM of Elbow and Wrist only**)
Postural Education: Scapular Squeezes x 10 with 5 second holds 3 times daily.

Weeks 6-9

Begin formal physical therapy at 6 weeks Post Op.
Discontinue use of sling
Warm-Up shoulder: Gentle Pendulums
Active Assisted and Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
 Flexion in scapular plane to 90 degrees
 Abduction to 60 degrees
 ER at side to 20-30 degrees in scapular plane
 IR at side to resting position
Gentle Soft Tissue Massage
Gentle Posterior Joint Mobilization (Grades I-II)
Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction
Scapular Stabilization exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 10-12

Warm-Up shoulder: Gentle Pendulums; Retro UBE below 90 degrees flexion
Active Assisted and Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
 Flexion in scapular plane to 145 degrees
 Abduction to 145 degrees
 ER 45 degrees at 45 degrees abduction
 IR 55 degrees at 45degrees abduction
Active Assisted ROM of shoulder:
 Flexion and abduction progress within ROM limitations from supine to upright
 *wand/pulleys
 ER to 30 degrees
AROM
 Continue to progress flexion and abduction

Progress Isotonic Strengthening as tolerated:
 Prone, supine, standing and side-lying exercises with light resistance
 Ex: prone row, extension, HAbd; S-L ER; supine punches; bicep/tricep;
 latissimus below 90 degrees abduction

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- *Emphasize correct scapulohumeral function
- Initiate IR/ER at neutral (0 degrees of abduction) with tubing
- *Place towel roll between elbow and side
- Initiate Rhythmic Stabilization at 90 degrees flexion
- Initiate gentle stretching towel and side-lying IR stretch
- Initiate gentle posterior capsule stretch
- Gentle Soft Tissue Massage
- Continue Posterior and initiate inferior GH joint mobilization (Grade III-IV)
- Scapular Stabilization exercises
- Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 13-15

- Warm-Up shoulder UBE for endurance
- Active Assisted and Active ROM of Elbow, Wrist and Hand
- Passive ROM of shoulder:
 - Flexion in scapular plane restore to full
 - Abduction to full
 - ER at 90 degrees abduction: up to 90 degrees
 - IR at 90 degrees abduction: up to 70 degrees
- Active Assisted ROM
 - All directions within ROM limitations provided above
- Active ROM
 - Continue to progress per ADL demands
- Initiate PNF patterns progress to PNF with tubing
- Progress Isotonic Strengthening exercises:
 - Advance progression of deltoid, biceps, triceps, latissimus strengthening
 - Advance ER/IR exercises to elevated position for overhead athletes
 - Advance Closed Chain exercises as tolerated
 - Advanced eccentric strengthening of posterior cuff and scapular musculature
- Initiate light plyometrics
- Gentle Soft Tissue Massage
- Continue posterior and inferior GH Joint mobilization (Grade III-IV)
- Continue posterior capsule and IR stretching
- Scapular Stabilization exercises
- Postural Education to minimize compensation and emphasize upper trapezius relaxation

Weeks 16-20

- Warm-Up shoulder UBE for endurance
- ROM
 - Continue to progress PROM, AAROM and AROM as needed for ADL and sport demands
- Progress Strengthening
 - Continue to progress muscle strength and endurance
 - Continue to progress sports specific activities

- Initiate light tossing if full ROM is achieved in all planes
 - Begin with single knee throwing emphasizing proper throwing mechanics and follow through progress to 15 ft standing throws with proper technique

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Begin throwing progression once above has been achieved
Restricted sports activity (light swimming; half golf swings)
Sports specific activities
No contact sports until 6 months post op

Return to Sport

Follow up and medical clearance to return to sport from your physician.

Full throwing status at 6-8 months and successful completion of throwing program

Non contact sport approximately 3 months

Contact sport 6 months

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