

**Kenneth R Alleyne, MD**  
**www.eosm.net    www.nyosm.net**  
**Bloomfield South Windsor Tolland Manhattan**

**ISOLATED SLAP DEBRIDMENT OR REPAIR**  
**PHYSICAL THERAPY PROTOCOL**

**Preoperative Guidelines**

- Restore full shoulder AROM
- Protect long head of biceps
- Strengthen in painfree ROM, emphasize rotator cuff/scapular stabilization musculature
- Instruct in use of sling for comfort, icing, hand gripping, elbow and shoulder ROM
- Educate Patient on post-op compliance to ensure best functional outcome

**Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.**

**Phase I (Post-op Weeks 1-3)**

- NO RESISTED BICEPS X 6 WEEKS**
- No Running
- Sling (for comfort). Wean as tolerated
- Hand squeezing exercises
- Elbow and wrist AROM
- Submax isometrics all planes (maintain 90° elbow flex and **NO BICEPS**)
- May begin AAROM and AROM shoulder exercises with pendulum, wand, wall walks, etc. THE FIRST WEEK POST-OP: do not "push through" any sharp pain**
- Ice 20 mins 3-5 times/day for the first week, then PRN after that

**Goals:** Control/reduce pain and inflammation, allow soft tissue healing, avoid loading long head of biceps, AROM shoulder: 40 degrees ER, 120 degrees flex and abduction, full IR, full elbow, hand and wrist ROM

**Phase II (Weeks 4-6)**

- NO RESISTED BICEPS X 6 WEEKS**
- Progress shoulder PROM/AAROM to tolerance

- UBE forward and backward
- Posterior capsule and posterior rotator cuff stretching
- Scapular mobilizations
- Scapular strengthening exs: shrugs/rows/retraction/pushouts ("punches")
- Level I Dynamic stabilization exercises for scapula: gentle weight shifting with hands on wall, progress to hands and knees weight shifting
- Light tubing exercises for all shoulder directions
- Stationary bike
- Walking on treadmill (may start jogging progression if debridement only)

**Goals:** AAROM: Flex 160 degrees, Abd 160 degrees, ER 60 degrees, IR to T10, Pain control, no scapular adhesions

### **Phase III (Weeks 7-12)**

- Continue previous exercises to increase flexibility, strength and proprioception
- May need to be more aggressive with stretching. Therapist may add mobilizations, or other techniques as needed.
- Gradually progress elbow flexion strengthening
- Gradually progress shoulder flexion/biceps tendon strengthening
- Progress the tubing/weights as tolerated
- If no pain, initiate Level II Dynamic stabilization exercises: supine tubing perturbations, single arm weight shifting on hands and knees, PNF, rhythmic stabilization, ball on wall, BAPS, small Body Blade: start with 2 hands, Plyoback: 2 hands only and at chest level.
- Wall pushups....progress to table, then bent knees
- Pool program for strengthening and ROM/stretching
- Gym program when tolerated
- Bike/Treadmill/jogging progression

**Goals:** Full AROM shoulder: Normal GH joint ROM and scapulothoracic rhythm, full AROM elbow, 30 table pushups, normal shoulder strength

### **Phase IV (Weeks 12+)**

- Continue previous exercises to increase flexibility, strength and proprioception
- Regular push-ups
- Initiate sports-specific or work-specific drills/tasks
- Throwing progression
- Continue gym progression
- May begin swimming progression

**Goals :** Resume all activities (pain free) by 6 mos, normal shoulder pain free ROM and strength, normal arthrokinematics

***No contact sports until 6 months post-op (Repair) or 3 months post-op (debridement) unless cleared by physician.***

We value the assessments and inputs of our patients therapists.  
Please update our office with progress notes via fax or email.

CT: 860-242-3399/info@eosm.net

NY: 646-663-4141/info@nyosm.net