



Arthroscopic Superior Labral (SLAP) Stabilization Rehabilitation Program

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Diagnosis: Right / Left SLAP Stabilization _____

Date of Surgery: _____

Weeks 0-3 (Phase I):

- Sling in neutral rotation (padded abduction sling)
- Codman exercises, elbow and wrist ROM
- Wrist and grip ROM and strengthening

Weeks 3-6 (Phase II):

- D/C sling after 3-4 weeks
- Restrict to FF 90°/IR to stomach PROM → AAROM → AROM
- ER with arm at side as tolerated. No IR up the back, No ER behind head.
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev. scap/etc)
- No cross-arm adduction, follow ROM restrictions
- No resisted forward flexion or biceps until 6 weeks post op as to not stress the biceps root
- Heat before treatment, ice after treatment per therapist's discretion

Weeks 6-12 (Phase III):

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- ROM Goals (by 8 weeks) AROM 140 degrees forward flexion/40 degrees ER at side/60 degrees abduction/IR behind back to waist
- Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

Months 3-12 (Phase IV):

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 3 months, including advanced conditioning/weight room activities
- Return to throwing at 4 ½ months
- Push-ups at 4 ½ - 6 months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months post-op

For more information please visit: www.tsaog.com/drnuelle