



Dr. Garrett Gilbert

Orthopedic Sports Medicine Surgeon

Office: 816-525-2840

Text: 816-551-2339

SanoKC.com



Arthroscopic SLAP repair

Phase 1: Immediate Postoperative (0–4 weeks)

Goals: Protect labral repair, control pain/swelling, prevent stiffness in uninvolved joints.

- **Immobilization:** Sling with neutral rotation for 3–4 weeks; worn full-time except for hygiene and exercises.
- **Weight Bearing:** No lifting, pushing, or pulling with operative arm.
- **ROM:**
 - Passive ROM only for shoulder:
 - Forward flexion $\leq 90^\circ$
 - External rotation (ER) $\leq 30^\circ$ in scapular plane
 - Abduction $\leq 60^\circ$
 - Elbow/wrist/hand: full active motion
- **Exercises:**
 - Grip strengthening
 - Pendulum exercises
 - Scapular retraction without shoulder elevation
- **Precautions:** Avoid combined abduction with ER and positions that place tension on superior labrum (e.g., overhead reach, biceps activation).

Phase 2: Early Rehabilitation (4–6 weeks)

Goals: Gradually restore passive ROM, begin gentle active-assisted ROM (AAROM), maintain repair protection.

- **Sling:** Discontinue around week 4 once cleared.
- **ROM:**
 - Progress PROM toward: forward flexion 135° , ER 45° (scapular plane), abduction 90° by week 6.
 - Initiate gentle AAROM with pulleys or cane.
- **Exercises:**
 - Scapular stabilization
 - Isometric rotator cuff activation in neutral position
 - Continue elbow/wrist/hand mobility (still avoid resisted elbow flexion/supination until ≥ 6 weeks).
- **Precautions:** Avoid stretching into ER beyond limits, no biceps loading.

Phase 3: Intermediate Rehabilitation (6–12 weeks)

Goals: Restore full active ROM, initiate light strengthening.

- **ROM:** Full, pain-free AROM in all planes by week 10–12.
- **Strengthening:**
 - Light resistance bands for rotator cuff (ER/IR) and scapular stabilizers.
 - Begin resisted elbow flexion/supination at week 8–10 to gradually load biceps tendon anchor.
- **Exercises:**
 - Closed-chain upper extremity work (wall push-ups, weight shifts)
 - Rhythmic stabilization drills
- **Precautions:** Avoid heavy lifting or plyometrics until strength and stability are adequate.

Phase 4: Advanced Strengthening (12–20 weeks)

Goals: Build shoulder and scapular strength, improve dynamic stability, prepare for functional tasks.

- **Strengthening:**
 - Progress resistance band and dumbbell exercises
 - Plyometric work (two-hand chest pass → one-hand throws)
 - Overhead strengthening introduced gradually
- **Functional Training:**
 - Push-up progressions
 - Sport-specific movement patterns without maximal load
- **Precautions:** Avoid high-stress throwing or heavy overhead lifting until cleared.

Phase 5: Return to Sport/Work (5–6+ months)

Goals: Achieve full pain-free ROM, strength $\geq 90\%$ of contralateral side, and readiness for sport or occupational demands.

- **Criteria for Return:**
 - No pain or instability
 - Functional testing $\geq 90\%$ symmetry
 - Successful completion of sport-specific or work simulation drills
 - Surgeon clearance
- **Exercises:** Full-intensity throwing programs, overhead lifts, and unrestricted activity once criteria are met.

Key Evidence Notes:

- Limiting ER and abduction in early phases protects the superior labral repair site (Andrews et al., 2019).
- Delaying resisted biceps work for at least 6 weeks decreases risk of anchor loosening (Provencher et al., 2020).
- Overhead athletes require sport-specific throwing progression beginning ~4–5 months after repair (Wilk et al., 2021).

