

## Arthroscopic SLAP Type IV Repair with Biceps Tenodesis (SLAP Lesion debridement not repair)

### Precautions:

1. No isolated biceps brachii contraction for 3 months
2. No heavy lifting overhead for 3 months
3. No carrying heavy objects on surgical side for 3 months

### I. Phase I – Immediate Postoperative Phase “Restrictive Motion” (Day 1 to Week 6)

Goals: Protect the anatomic repair.  
Prevent negative effects of immobilization.  
Restore dynamic stability. Diminish pain and inflammation.

#### Week 0-2:

- Sling for 3-4 weeks
- Sleep in immobilizer for 4 weeks
- Elbow/hand ROM
- Hand gripping exercises
- Passive and gentle active assistive ROM exercise
  - Flexion to 90 degrees (Week 2: Flexion to 100 degrees)
  - Elevation in scapular plane to 90 degrees (first week)
  - ER/IR with arm in scapular plane at 45 degrees abduction to tolerance
  - ER to tolerance (caution with biceps pain)
  - IR to 45 degrees
- **\*\*NO active Flexion**
- Submaximal isometrics for shoulder musculature (except shoulder flexion)
- NO isolated Biceps Contractions
- Cryotherapy, modalities as indicated

#### Week 3-4:

- Discontinue use of sling at 3-4 weeks
- Sleep in immobilizer until Week 4
- Continue gentle ROM exercises (PROM and AAROM)
  - Flexion to 145-160 degrees to tolerance
  - Abduction to tolerance
  - ER in scapular plane at 45° abd to tolerance
  - IR in scapular plane at 45° abd to 55-60 degrees
  - At week 3 begin ER/IR at 90° of abduction to tolerance
- **\*\*NOTE: Rate of progression based on evaluation of the patient.**
- No active elevation
- Initiate rhythmic stabilization drills (ER/IR) at 45 deg abduction
- Initiate proprioception training
- Tubing ER/IR at 0 degrees Abduction
- Continue isometrics
- Initiate scapular strengthening exercises
- Continue use of cryotherapy
- No isolated biceps

**Week 5-6:**

- Gradually improve ROM
  - Flexion – gradually restore full flexion
  - ER at 90 degrees abduction – gradually return to full ROM
  - IR at 90 degrees of abduction – gradually to full ROM
- May initiate light stretching exercises
- Continue tubing ER/IR (arm at side)
- Initiate Active Shoulder Abduction (without resistance)
- Initiate “Full Can” Exercise (Weight of Arm)
- Initiate Prone Rowing, Prone Horizontal Abduction (with elbow bent)
- NO Biceps Strengthening

**II. Phase II – Intermediate Phase: Moderate Protection Phase (Week 7-14)**

Goals: Gradually restore full AROM (week 8-10).  
Preserve the integrity of the surgical repair.  
Restore muscular strength and balance.  
Gradually return to low level functional activities.

**Week 7-9:**

- Gradually progress ROM:
  - Flexion to 180 degrees
  - ER at 90 degrees abduction: 90-95 degrees
  - IR at 90 degrees abduction: 70-75 degrees
- Continue to progress isotonic strengthening program
- Initiate PNF strengthening
- Initiate Throwers Ten Program or Fundamental Shoulder Exercises
- Emphasize posterior cuff strengthening and scapular strengthening
- Progress scapular strengthening program
- Initiate triceps strengthening

**Week 10-12:**

- May initiate slightly more aggressive strengthening
- Progress isotonic strengthening exercises
- Continue all stretching exercises
  - \*\*Progress ROM to functional demands (i.e. overhead athlete) if appropriate
- Continue all strengthening exercises
- Week 12 – Initiate isometric biceps contractions

**III. Phase III – Minimal Protection Phase (Week 13-20)**

Goals: Establish and maintain full ROM.  
Improve muscular strength, power and endurance.  
Gradually initiate functional activities.  
Gradual return to full functional activities.

**Criteria to enter Phase III:**

1. Full non-painful ROM
2. Satisfactory stability
3. Muscular strength (good grade or better)
4. No pain or tenderness

**Week 14-16:**

- Continue all stretching exercises (capsular stretches)
- Maintain Throwers Motion (Especially ER) if appropriate
- Continue strengthening exercises:
  - Throwers Ten Program or Fundamental Exercises
  - PNF Manual Resistance
  - Endurance training
  - Initiate light plyometric program – week 16
  - Restricted sport activities (light swimming, half golf swings)
  - Initiate isolated elbow isotonic (light then progress slowly to heavier wts)

**Week 17-20:**

- Continue all exercise listed above
- Continue all stretching
- Continue Throwers Ten Program
- Continue Plyometric Program
- Initiate interval sport program (throwing, etc) if appropriate  
\*\*See interval Throwing Program

**IV. Phase IV – Advanced Strengthening Phase (Week 20-26)**

Goals: Enhanced muscular strength, power and endurance.  
Progress Functional activities.  
Maintain shoulder mobility.

Criteria to enter Phase IV:

1. Full non-painful ROM
2. Satisfactory static stability
3. Muscular strength 75-80% of contralateral side
4. No pain or tenderness

**Week 20-26:**

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual resistance patterns
- Plyometric strengthening
- Progress interval sport programs

**V. Phase V – Return to Activity Phase (Month 6 to 9)**

Goals: Gradual return to sport activities.  
Maintain strength, mobility and stability.

Criteria to enter Phase V:

1. Full functional ROM
2. Muscular performance isokinetic (fulfills criteria)
3. Satisfactory shoulder stability
4. No pain or tenderness

**Exercises:**

- Gradually progress sport activities to unrestrictive participation
- Continue stretching and strengthening program