SLAP Repair/ Biceps Tenodesis

- Obtain pain free passive and active ROM with appropriate mechanics
- Diminish early pain and inflammation
- Less assertive therapy produces improved motion, strength, patient satisfaction, and functional outcomes
- If in doubt, LESS is MORE when doing shoulder rehabilitation
- No forceful manual stretching is indicated in any case
- No strengthening or resistance training for three months, unless instructed by the surgeon
- No wall crawl/arm bike for minimum of 12 weeks
- In sling for 6 weeks - may come out at home in a quiet, controlled environment
- No use of involved upper extremity unless directed by the surgeon

0-2 weeks

Codman’s, circumduction only; *no swaying of the body
Wrist/hand ROM, light grip strength

2-6 weeks

PROM: FF 120 degrees passively
ER 30 degrees passively in scapular plane (gently per pain and per end feel)

Home Program:
- Codman’s circumduction only; *no swaying of the body
- Supine passive elevation with wrist grabbing with contralateral hand
- Supine ER with wand in scapular plane 30 degrees

Begin active assisted FF in supine position with wand (with pronated hand) at 3-4 weeks
No isometrics

*At 6-8 week attending surgeon follow-up, the surgeon will be assessing for pain level and passive end feel at this office visit.

May use recumbent bike for cardiovascular exercise at 5 weeks

7-12 weeks

PROM: FF 160+ degrees passively
May start standing active assisted FF with wand depending upon pain level
Passive 40+ degrees ER in scapular plane, work up to 60 degrees at 90 degrees of abduction based on end feel
*If dominant side/throwing arm, add 15 +/- degrees to ER in 90 ABD based on end feel
IR 45 degrees passively in scapular plane
Initiate use of pulley in sagittal plane only
~Work to scapular plane only as tolerated by pain
Scapular sub-pain and submaximal isometrics (shrugs/retraction only)

13-16 weeks

A-PROM:  FF full passively
          ER as tolerated per pain and per end feel
          Passive IR to full in scapular plane as tolerated per pain and per end feel
          ~gently as tolerated per pain and per end feel
          *NO forceful stretching*

The patient must have full, PAIN FREE AROM before initiating the following strengthening:
   Tband bilateral rows
   Tband triceps extension at 0 degrees of abduction
   Prone rowing starting with 1-2 lb dumbbell weight
   Elbow flexion starting with 1-2 lb dumbbell weight

If the patient tolerated these above exercises WITHOUT ANY PAIN for 1-2 weeks:
   Tband IR and ER (start with yellow band)
   Flexion and scaption to 90 degrees starting with 1-2 lb dumbbell weight
   Prone horizontal abduction starting with 1-2 lb dumbbell weight
   Side lying ER starting with 1-2 lb dumbbell weight
   Tband PNF D2 extension (start with yellow band)
   Wall closed-chain progressions

16-24 weeks

Continue above strengthening exercises
May increase 1-2 lb of weight every 10-14 days
Progress functional strengthening program
May begin light plyometric program with volleyball or basketball
May start jogging

6 months +

Initiate higher level plyometrics for throwers, spikers, swimmer etc.
Educate patient on appropriate return to weight lifting program with restrictions as per New
West’s “Return to Weightlifting Guide” found online
~never to max out any weights
Show sport specific Interval Return to Sport Programs found online
No throwing/golfing/other impact activities for at least 6 months after surgery