

Rehab protocol for arthroscopic SLAP repair

Time post op	Rehab Guidelines	Goals / Advice
Day 1 Day surgery unit	Check post-op notes No elbow extension for 3 weeks Elbow, wrist and hand exercises Instruction for sling, washing/dressing Sub-maximal isometric cuff exercises	Understands exercises and restrictions May have anterior labral damage = restricted ER Early Physio OPD appointment if struggling
2-3 weeks	Check analgesia management Start active assisted exercises progressing to active gleno-humeral joint exercises Avoid shoulder extension Scapular stabilisation exercises – movement pattern correction Isometric rotator cuff – no resisted biceps for 6/52	Sling – 3 weeks, removed for washing and exercise No resisted biceps Driving: 6 weeks if comfortable and safe Work: Sedentary – 1-2 weeks if comfortable Light Manual – 6-12 weeks Heavy – 12 weeks / discuss with consultant Contact sports – 6 months
2 - 6 weeks 1 st Surgeon Review	Check movement pattern Increase active ROM Add full range elbow extension No combined ER/Abduction No resisted biceps	
6 – 12 weeks Gym rehab	Start active ER Aim for full ROM Commence combined extension and abduction Rotator cuff strengthening through range Progress scapular control if required through full ROM Avoid eccentric loading of biceps Posterior complex stretching	Good scapulohumeral rhythm Full ROM
12 weeks 2 nd Surgeon	Sports specific rehab Closed chain rehab – press-ups etc	Full active range of movement demonstrating



review	Eccentric biceps with scapular control introduced	dynamic stability through range.
Complications	Failure – recurrent detachment Limitation of Abd / ER full range Persistent pain and stiffness	
Final goals	Pain free and Full available ROM at 12 weeks with stable LHB Return to work/sports training Good functional ROM	

