

# ASHEESH GUPTA, MD, MPH

[www.asheeshguptamd.com](http://www.asheeshguptamd.com)

[www.novaorthospine.com](http://www.novaorthospine.com)

## Arthroscopic SLAP Repair Physical Therapy Protocol (with mini open biceps tenodesis)

Physical Therapy will begin at 6 weeks Post Operatively. Please instruct patients on safe methods of dressing, bathing and personal care.

### Patient post operative instructions for first 6 weeks

Sling Immobilization with abduction pillow to be worn day and night x 6 weeks with the exception of during the following exercises:

Perform Pendulum and Salutes twice daily **ROTATOR CUFF REPAIR  
PHYSICAL THERAPY PROTOCOL  
(WITH SUBSCAPULARIS REPAIR)  
(WITH MINI OPEN BICEPS TENODESIS)**

Please instruct patients on safe methods of dressing, bathing, and personal care.

### WEEKS 0-2: PATIENT TO BEGIN AT HOME FOLLOWING SURGERY

Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of bathing and performing the following exercises:

Perform Pendulum with sling removed twice daily

**(for biceps tenodesis, opposite arm supported pendulums)**

Passive ROM of elbow and wrist 20 repetitions each twice daily

Ball Squeezes 10 hand squeezes every waking hour

### WEEKS 2 – 4: BEGIN FORMAL PHYSICAL THERAPY AT 2 WEEKS PO

Sling Immobilization with abduction pillow x 6 weeks PO

Perform Pendulum with sling removed twice daily

**(for biceps tenodesis, opposite arm supported pendulums)**

Active ROM Elbow, Active ROM Wrist and Hand

**(for biceps tenodesis Passive ROM elbow only; no Active ROM until 6 weeks PO)**

Joint Mobilizations: AC, SC, and Scapula, NO GH mobilizations

Gentle Soft Tissue Massage

Passive ROM Shoulder to restore ROM (progress as tolerated unless limits noted below):

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair, to neutral)

IR to resting position (for posterior rotator cuff repair, no IR beyond neutral)

**Avoid pulleys or self-assisted passive motion**

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

### WEEKS 5 - 6:

Discontinue sling at 6 weeks PO

Warm-Up Shoulder: Passive Pendulums, Codmans

Active ROM Elbow, Wrist and Hand

**(for biceps tenodesis, begin Active Assist and Active ROM)**

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Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula  
Gentle Soft Tissue Massage  
Passive ROM Shoulder to restore Full ROM unless limits noted below:  
Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)  
ER (for subscapularis repair to 30°)  
IR to resting position; \*\*\*At 6 weeks, progress IR to tolerance  
Begin AAROM at 6 weeks, flexion avoiding scapula elevation (seated pulley and/or supine wand)  
At 6 weeks, begin submax painfree isometrics: shoulder flexion with elbow straight; extension and IR  
Scapular Stabilization exercises without stressing the rotator cuff  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

## **WEEKS 7 – 8:**

Warm-Up Shoulder: Apply moist heat in a supported, gentle stretch position as needed, Pendulums, Active-Assist to Active Retro UBE  
Joint Mobilizations: GHphysiologic GI-IV as needed, AC, SC  
Active-Assist, Passive ROM Shoulder:  
Flexion in scapular plane, progress from supine to upright  
ER/IR in abduction  
Pulley in painfree range all directions  
Soft Tissue Massage if needed  
Painfree Isometric Shoulder Flex, Abd, Ext, ER, IR, biceps  
Advance periscapular and elbow strengthening exercises  
Begin Closed Chain UE activities  
Wall Wash with towel- horizontal, vertical and diagonals  
At 8 weeks, begin gentle RC strengthening exercises: **NO WEIGHT**  
Prone extension; Prone Row; Prone Horizontal Abduction T position; Lower Trap Y position  
Begin Rhythmic Stabilization  
Dynamic Light T-band isometrics  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

## **WEEKS 9 - 12:**

Active Warm-Up Shoulder: Pendulums, Active UBE  
Joint Mobilizations: GHphysiologic GIII-IV as needed AC, SC  
Active, Active-Assist, Passive ROM Shoulder:  
Flexion in the scapular plane, progressing from supine to upright  
ER/IR in adduction/abduction  
Horizontal abduction/adduction  
(Restore Full Passive ROM Shoulder in all directions)  
Gentle Soft Tissue Massage if needed  
Gradually advance pain free RC strengthening:  
Isometrics: As needed all directions  
Wand exercises  
PNF  
Continue progressing isotonic with light weight as tolerated: Sidelying ER; Sidelying abduction to 45 degrees, Standing Scaption thumbs up, Seated

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Press-Up, Supine Protraction, Prone Horizontal Abduction in full ER, Prone Horizontal Abduction in full IR; Progress to Theraband  
Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination  
CKC- wall push ups (approximately 10 weeks) adjust to various positions  
Continue periscapular and elbow strengthening exercises  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

## **WEEKS 13 - 16:**

Active Warm-Up Shoulder: Pendulums, Active UBE  
Joint Mobilizations: GHphysiologic GIII-IV as needed, AC, SC  
Advance painfree Rotator Cuff strengthening at increasing angles and elevations  
Diagonal Patterns; Bent Row; Progress Closed Chain UE strengthening  
Functional Eccentric Strengthening  
Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)  
Rhythmic Stabilizations  
OKC/CKC Perturbation training  
Continue periscapular and elbow strengthening exercises  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

## **WEEKS 17 -20:**

Advance strengthening exercises if appropriate  
Continue Sport and Occupational specific strengthening and activities including  
Plyometrics if appropriate  
Transition to home stretching/strengthening program or work conditioning if appropriate

**Dr. Gupta will only sign Therapy prescriptions at patient visits and will return them with the patient.**

**Please send Therapy progress notes/prescription renewals with patient or at least 3 days prior to the patient's visit so that we can internally process it for the visit.**

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Updated 6/2013

**(for biceps tenodesis, pendulum supported with opposite arm, NO salutes)**

Passive and Active ROM of Elbow and Wrist

**(for biceps tenodesis, NO Active contraction of biceps for 6 weeks. Passive ROM of Elbow and Wrist only)**

Postural Education: Scapular Squeezes x 10 with 5 second holds 3 times daily.

## Weeks 6-9

Begin formal physical therapy at 6 weeks Post Op.

Discontinue use of sling

Warm-Up shoulder: Gentle Pendulums

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Flexion in scapular plane to 90 degrees

Abduction to 60 degrees

ER at side to 20-30 degrees in scapular plane

IR at side to resting position

Gentle Soft Tissue Massage

Gentle Posterior Joint Mobilization (Grades I-II)

Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction

Scapular Stabilization exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation

## Weeks 10-12

Warm-Up shoulder: Gentle Pendulums; Retro UBE below 90 degrees flexion

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Flexion in scapular plane to 145 degrees

Abduction to 145 degrees

ER 45 degrees at 45 degrees abduction

IR 55 degrees at 45degrees abduction

Active Assisted ROM of shoulder:

Flexion and abduction progress within ROM limitations from supine to upright

\*wand/pulleys

ER to 30 degrees

AROM

Continue to progress flexion and abduction

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Progress Isotonic Strengthening as tolerated:

Prone, supine, standing and side-lying exercises with light resistance

Ex: prone row, extension, HAbd; S-L ER; supine punches; bicep/tricep;

latissimus below 90 degrees abduction

\*Emphasize correct scapulohumeral function

Initiate IR/ER at neutral (0 degrees of abduction) with tubing

\*Place towel roll between elbow and side

Initiate Rhythmic Stabilization at 90 degrees flexion

Initiate gentle stretching towel and side-lying IR stretch

Initiate gentle posterior capsule stretch

Gentle Soft Tissue Massage

Continue Posterior and initiate inferior GH joint mobilization (Grade III-IV)

Scapular Stabilization exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation

## Weeks 13-15

Warm-Up shoulder UBE for endurance

Active Assisted and Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Flexion in scapular plane restore to full

Abduction to full

ER at 90 degrees abduction: up to 90 degrees

IR at 90 degrees abduction: up to 70 degrees

Active Assisted ROM

All directions within ROM limitations provided above

Active ROM

Continue to progress per ADL demands

Initiate PNF patterns progress to PNF with tubing

Progress Isotonic Strengthening exercises:

Advance progression of deltoid, biceps, triceps, latissimus strengthening

Advance ER/IR exercises to elevated position for overhead athletes

Advance Closed Chain exercises as tolerated

Advanced eccentric strengthening of posterior cuff and scapular musculature

Initiate light plyometrics

Gentle Soft Tissue Massage

Continue posterior and inferior GH Joint mobilization (Grade III-IV)

Continue posterior capsule and IR stretching

Scapular Stabilization exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation

## Weeks 16-20

Warm-Up shoulder UBE for endurance

ROM

Continue to progress PROM, AAROM and AROM as needed for ADL and sport demands

Progress Strengthening

Continue to progress muscle strength and endurance

Continue to progress sports specific activities

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Initiate light tossing if full ROM is achieved in all planes

Begin with single knee throwing emphasizing proper throwing mechanics and follow through progress to 15 ft standing throws with proper technique

Begin throwing progression once above has been achieved

Restricted sports activity (light swimming; half golf swings)

Sports specific activities

No contact sports until 6 months post op

## **Return to Sport**

**Follow up and medical clearance to return to sport from your physician.**

Full throwing status at 6-8 months and successful completion of throwing program

Non contact sport approximately 3 months

Contact sport 6 months