

ARTHROSCOPIC SLAP REPAIR PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

PT/OT 2-3 visits per week for 8-12 weeks

- WEEK 0-3** Pendulums, ROM elbow, wrist and hand
PROM: scapular plane elevation to 130dg; ER to 45 dg
Scapula AROM: elevation and retraction
- WEEK 3-4** PROM: scapular plane elevation to 140dg; ER to 60dg AAROM: scapular plane elevation and ER to above limits
Pulleys
Scaption isometrics @ 30dg (against gravity)
- WEEK 4-6** PROM: scapular plane elevation to 165dg; ER to 70dg
AROM: scaption- supine @ 4wks, standing @ 5wks
Side-lying ER
Body blade @ 0dg, ER/IR - * not aggressive*
Dynamic weightbearing on ball (bilateral)
- WEEK 6-8** PROM: scapular plane elevation to full; ER to 60dg
ER/IR with resistive tubing
ER/IR standing with weight
Resisted scaption
Upper Body Ergometer
PNF D2 diagonal – AROM to light resistance
- WEEK 8-10** PROM: to tolerance including cocking
(ER @ 90dg ABD)
Bodyblade horizontal abd/add
Supine cocking with weight (eccentric emphasis)
Supine PNF D2 diagonal with weight (eccentric emphasis)

Dynamic weightbearing on ball (unilateral)
- WEEK 10+** Rebounder cocking and backhand toss, progressive push ups-begin from knees then to full prone
Increase speed of training
Increase emphasis on eccentric control of cocking

Signature _____ Date _____

Renew Therapy _____ Date _____