



SLAP Repair / SAD / DCR / Biceps Tenodesis PRESCRIPTION

Name _____

Date _____

Diagnosis _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 1-4:

- No IR up the back; No ER behind the head
- ROM goals: 90° FF/20° ER at side
- With a distal clavicle resection, hold cross-body adduction until 8 weeks post-op; otherwise, all else is the same in this rehab program
- **No resisted FF or biceps until 6 weeks post-op as to not stress the biceps tenodesis**
- Sling for 4 weeks
- Heat before/ice after PT sessions

_____ Weeks 4-8:

- D/C sling
- Increase AROM 140° FF/ 40° ER at side/ 60° ABD/ IR behind back to waist
- Strengthening (isometrics/light bands) within AROM limitations
- Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc)
- Physical modalities per PT discretion

_____ Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

_____ Months 3-12:

- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months

Modalities

Electric Stimulation

Ultrasound

Signature: _____

Ammar Anbari, MD