

**DR. JOHN AWOWALE**  
**SLAP REPAIR, BANKART REPAIR, OR BICEPS TENODESIS**  
**POST-OP THERAPY PROTOCOL**

**Phase 1 – Maximum Protection Phase (0-6 weeks)**

<b>Goals for Phase 1</b>	<b>Precautions for Phase 1</b>	<b>Criteria for Progression to Phase 2</b>
<ul style="list-style-type: none"> <li>• Minimize pain and inflammation</li> <li>• Protect integrity of the repair</li> <li>• Initiate shoulder PROM</li> <li>• Prevent muscular inhibition</li> </ul>	<ul style="list-style-type: none"> <li>• Sling x6 weeks</li> <li>• NO resisted active isolated biceps activity (elbow flexion, supination) for 6 weeks; no biceps loading until week 10</li> <li>• NO active external rotation, extension, or elevation</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain with phase 1 exercises</li> <li>• Passive flexion to <math>\geq 125^\circ</math></li> <li>• Passive abduction to <math>70^\circ</math></li> <li>• Passive ER and IR to <math>40^\circ</math> in scapular plane</li> </ul>

**Immobilization**

- Immobilization in sling for 6 weeks or per physician
  - Sleep in sling for 3 weeks

**PROM**

- Initiate PROM in all planes of motion within limitations
- Weeks 0-2: flexion and scaption to  $90^\circ$ ; IR to  $45^\circ$ ; ER to  $30^\circ$ ; Codman's
- Weeks 3-4: advance IR to  $60^\circ$
- Weeks 5-6: flexion and scaption to  $145^\circ$ ; IR to  $60^\circ$ ; ER to  $50^\circ$
- Full ROM should be achieved by 8-10 weeks

**AAROM**

- Gentle AAROM
  - Limit A/AAROM of shoulder to  $90^\circ$  during phase 1

**AROM**

- **Weeks 0-2:** Scapulothoracic AROM in all planes
- **Weeks 5-6:** Active forearm supination (no resistance, elbow flexed)

**Manual Therapy**

- Initiate pain dominant glenohumeral joint mobilization (grade 1-2)
- Initiate scar mobilization, soft tissue immobilization, edema massage
- Initiate other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

**Strengthening**

- **Weeks 3-4:** initiate scapulothoracic isometrics; gentle submax isometrics of shoulder musculature

**Neuromuscular Control**

- Weeks 3-4: initiate sub-maximal rhythmic stabilization drills

**Modalities**

- Cryotherapy as needed

**DR. JOHN AWOWALE**  
**SLAP REPAIR, BANKART REPAIR, OR BICEPS TENODESIS**  
**POST-OP THERAPY PROTOCOL**

**Phase 2 – Moderate Protection Phase (7-12 weeks)**  
**(continued on next page)**

Goals for Phase 2	Precautions for Phase 2	Criteria for Progression to Phase 3
<ul style="list-style-type: none"> <li>• Minimize pain and inflammation</li> <li>• Restore full shoulder PROM</li> <li>• Restore full shoulder AROM</li> <li>• Initiate strengthening</li> </ul>	<ul style="list-style-type: none"> <li>• No biceps loading until 10 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain with phase 2 exercises</li> <li>• Flexion to 160°</li> <li>• Abduction to 150</li> <li>• IR to 45° at 90° abduction; full motion in scapular plane</li> <li>• ER to 45° at 90° abduction; 65° in scapular plan</li> <li>• 4/5 MMT for scapular and rotator cuff muscles</li> </ul>

**Stretching**

- Initiate stretching exercises if ROM not full by 10 weeks
  - Flexion and scaption to 180°
  - ER to 90° at 90° abduction
  - IR to 70° at 90° abduction

**AAROM**

- Continue shoulder AAROM
  - Wand, table slides, wall slides, UE Ranger, pulley

**AROM**

- Continue to progress shoulder AROM in all planes
- Gradually progress from gravity reduced to full gravity positions
- Gradually progress from below shoulder to above shoulder height
- Consider single-planar and multi-planar movement patters
- Do NOT exercise through shoulder shrug sign

**Manual Therapy**

- Continue pain dominant glenohumeral joint mobilization (grade 1-2) as needed
- Initiate stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
  - Utilize stiffness dominant glenohumeral joint mobilization to facilitate specific A/PROM deficits
- Continue other shoulder, scapular, cervicothoracic manual therapy techniques as needed

**Strengthening**

- Initiate light isotonic scapular strengthening
  - Supine press, serratus press outs, prone row, horizontal abduction, extension
- Initiate isotonic rotator cuff IR/ER strengthening with light weight resistance (bands, weights)
- Open kinetic chain to closed kinetic chain exercises
- **Week 10-12:**
  - Initiate submaximal isometrics and AROM for biceps
  - Progress isotonic resistive exercises
  - Begin submaximal exercises above 90° of elevation
- Do not exercise through shoulder shrug sign

## Phase 2 – Moderate Protection Phase (7-12 weeks)

### Neuromuscular Control

- Rhythmic stabilization drills
  - Gradually progress shoulder flex from 100° to 90° to 60° to 30°
  - Gradually progress shoulder IR and ER from 30° to 60° to 90° of abduction
  - Slow speeds to fast speeds
  - Eyes opened to eyes closed

### Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

**DR. JOHN AWOWALE**  
**SLAP REPAIR, BANKART REPAIR, OR BICEPS TENODESIS**  
**POST-OP THERAPY PROTOCOL**

**Phase 3 – Minimum Protection Phase (13-20 weeks)**

<b>Goals for Phase 3</b>	<b>Precautions for Phase 3</b>	<b>Criteria for Progression to Phase 4</b>
<ul style="list-style-type: none"> <li>• Minimize pain and inflammation</li> <li>• Restore full, pain-free A/PROM</li> <li>• Improve shoulder, scapular, and total arm strength</li> <li>• Improve neurodynamic stabilization of the shoulder</li> <li>• No shoulder shrug sign with strengthening exercises</li> </ul>	<ul style="list-style-type: none"> <li>• No throwing or overhead sports until 20 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• AROM within 10° of contralateral upper extremity in all planes of motion</li> <li>• Full, symmetrical posterior shoulder mobility</li> <li>• Shoulder, scapular, and total arm strength 5/5</li> </ul>

**Stretching**

- Continue stretching exercises as needed

**Manual Therapy**

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

**Strengthening**

- Progress isotonic rotator cuff strengthening
  - Progress from gravity reduced to full gravity positions
  - Consider single-planar to multi-planar movement patterns
- Progress isotonic scapular strengthening exercises
  - Progress from isolated to functional movement patterns
- Progress isotonic elbow flexion and forearm supination
- Progress closed-chain strengthening exercises
  - Progress from sub-body weight to full body weight positions
  - Progress from stable to unstable surfaces
- Initiate gradual progression of sub-body weight suspension training exercises
  - TRX, GTS, etc.

**Neuromuscular Control**

- Progress rhythmic stabilization exercises to more functional positions and dynamic movement patterns
  - Gradually progress from mid-range to end range positions
  - Gradually progress from open-chain to closed-chain positions
- Initiate gradual progression of other neuromuscular control exercises
  - Body blade, wall dribbles, ball flips, plyometrics, etc.

**Core Strengthening**

- Incorporate core integrated exercises with strengthening and neuromuscular control progression

**Modalities**

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

**DR. JOHN AWOWALE**  
**SLAP REPAIR, BANKART REPAIR, OR BICEPS TENODESIS**  
**POST-OP THERAPY PROTOCOL**

**Phase 4 – Advanced Strengthening, Return to Function (21-26 weeks)**  
**(continued on next page)**

<b>Goals for Phase 4</b>	<b>Precautions for Phase 4</b>	<b>Criteria for Return to work, Function, Sport</b>
<ul style="list-style-type: none"> <li>• Minimize pain and inflammation</li> <li>• Maintain full shoulder A/PROM</li> <li>• Restore shoulder, scapular, and total arm strength, power, and endurance</li> <li>• Restore neurodynamic stabilization of the shoulder</li> <li>• Safe and effective return to previous level of function for occupational, sport and desired activities</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain with phase 4 exercises</li> <li>• Full, pain-free shoulder A/PROM and strength</li> <li>• Complete return to function testing</li> </ul>

**Stretching**

- Continue stretching exercises as needed

**Manual Therapy**

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

**Strengthening**

- Continue phase 3 strengthening exercises
- Consider specific demands of occupational, sports, and desired activities

**Neuromuscular Control**

- Continue phase 3 neuromuscular control exercises
- Consider specific demands of occupational, sport, and desired activities

**Core Strengthening**

- Continue to incorporate core integrated exercises with strengthening and neuromuscular control progression

**Sport-Specific Training Program**

- Progress interval sport programs
  - **Weeks 24-28**: begin throwing from mound

**Work Specialty Rehabilitation Program**

- Transition to work conditioning if physical laborer
- Transition to work re-conditioning of specific occupational demands
  - Lifting requirements, overhead tasks, repetitive tasks, tool or machine work, etc.

**Modalities**

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

## Phase 4 – Advanced Strengthening, Return to Function (21-26 weeks)

### Return to Function Testing

- **Week 24: Return to function testing** per physician approval
- **Criteria:**
  - Pain-free
  - 90% total arc of motion of contralateral arm
  - DASH  $\leq$ 10% disability
  - Isokinetic strength and functional testing at 90% compared to uninvolved
  - Adequate scapular control with sport specific tasks