

## Physical Therapy Prescription

<b>SHOULDER - SLAP REPAIR REHABILITATION PROTOCOL</b>			
<b>TIME PERIOD</b>	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>1<sup>ST</sup> week</b>	May use arm in front of body for functional tasks like typing and eating (in sling).	Worn at all times except for hygiene and exercises.	Wrist, elbow, & hand ROM. No shoulder range of motion
<b>1-4 weeks</b>	Active Assisted ROM/Active ROM: External Rotation to 40°, Forward Flexion to 140°, Internal Rotation as tolerated	Worn at all times except for hygiene and exercises.	Wrist, elbow, & hand ROM.
<b>4-6 weeks</b>	Increase to full motion as tolerated	None	May begin gentle Thera band exercises. Progress as tolerated.
<b>6-12 weeks</b>	Continue towards full range of motion	None	May begin gentle strengthening with weights.
<b>4-6 months</b>	Full motion without discomfort	None	Begin sport specific drills. Return to previous level of activity.

**\*\*\*Begin Physical Therapy 1 week after surgery**

<p>Dane Todd, MD                  Questions please call: # 402-488-3322                  Fax: 402-488-3336</p> <p>Patient Name: _____</p> <p>Surgery Date: _____</p> <p>Side (Circled):    Right      Left</p> <p>Physical therapy to evaluate and treat for post op SLAP repair using the above protocol. 1-2x per week for 12 weeks</p> <p>Notes: _____</p> <p>MD signature:</p>
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