

ANTERIOR SHOULDER STABILIZATION (SLAP/BICEP TENODESIS, BANKART REPAIR)  
 REHABILITATION PROTOCOL

**Phase I, 0-1 weeks.** NO ACTIVE shoulder ROM against gravity until 4 weeks after surgery

PRECAUTIONS	<ul style="list-style-type: none"> <li>- Avoid weight bearing on operative upper extremity</li> <li>- No shoulder active range of motion (AROM)</li> <li>- Avoid pain during ROM exercises</li> <li>- No shoulder external rotation (ER) past 0°</li> <li>- Avoid lying on operative side</li> <li>- No forced stretching</li> <li>- Use sling at all times for 4 weeks except when bathing, dressing, icing or performing home exercise program (HEP)</li> <li>- Use pillows to support operative arm when sitting or sleeping</li> <li>- If combined with bicep tenodesis, no bicep strengthening for 8 weeks</li> </ul>
Emphasize	<ul style="list-style-type: none"> <li>- Pain and edema control; Cryotherapy and elevation</li> <li>- Proper sling positioning and compliance</li> <li>- Protection of repair</li> <li>- Independent transfers, ambulation and stair negotiation</li> <li>- Pain-free HEP</li> <li>- Reduction of tissue irritability</li> <li>- Prevention of muscle atrophy</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>- Quick Disabilities of Arm, Shoulder and Hand (Quick DASH)</li> <li>- American Shoulder and Elbow Surgeons Score (ASES)</li> <li>- Numeric Pain Rating Scale (NPRS)</li> <li>- Pain, Wound status, Swelling, Mental status</li> <li>- Passive range of motion (PROM)</li> <li>- Static scapular assessment (Kibler grading)</li> <li>- Cervical mobility</li> <li>- Post-anesthesia neurovascular screening</li> <li>- Functional status – ADLs and mobility</li> </ul>
Treatment Recommendations	<ul style="list-style-type: none"> <li>- Transfer training in and out of bed, sit to stand, and stair training while maintaining non-weight bearing status</li> <li>- Pain-free distal AROM: Elbow and wrist AROM</li> <li>* Range of motion: Week 0-1: external rotation (ER) to neutral, elevation in scapular plane to 60°, avoid internal rotation (IR)</li> <li>- Scapular strengthening program, in protective range</li> <li>- Deltoid isometrics</li> <li>- Instruct in semi-reclined sleeping position, avoiding lying on operative side</li> <li>- ADL training</li> <li>- Initiate and emphasize importance of HEP</li> </ul>
Criteria for Advancement	<ul style="list-style-type: none"> <li>- Decreasing discomfort at rest</li> <li>- Independent with sling management, or caregiver independent in assisting</li> <li>- Independent with ADLs</li> <li>- Independent with home exercise program (HEP)</li> </ul>

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**Phase II, 2-6 weeks.** NO ACTIVE shoulder ROM against gravity until 4 weeks after surgery

PRECAUTIONS	<ul style="list-style-type: none"> <li>- Avoid weight bearing on operative upper extremity</li> <li>- No shoulder active range of motion (AROM)</li> <li>- Avoid pain during ROM exercises</li> <li>- No shoulder external rotation (ER) past 0°</li> <li>- Avoid lying on operative side</li> <li>- No forced stretching</li> <li>- Use sling at all times for 4 weeks except when bathing, dressing, icing or performing home exercise program (HEP)</li> <li>- If combined with bicep tenodesis, no bicep strengthening for 8 weeks</li> </ul>
Emphasize	<ul style="list-style-type: none"> <li>- Reduction of tissue irritability</li> <li>- Activation of rotator cuff (RC) and scapular stabilizers</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>- Quick Disabilities of Arm, Shoulder and Hand (Quick DASH)</li> <li>- American Shoulder and Elbow Surgeons Score (ASES)</li> <li>- Numeric Pain Rating Scale (NPRS)</li> <li>- Pain, Wound status, Swelling, Mental status</li> <li>- Passive range of motion (PROM)</li> <li>- Static scapular assessment (Kibler grading)</li> <li>- Cervical mobility</li> <li>- Functional status – ADLs and mobility</li> </ul>
Treatment Recommendations	<p>ROM Goals – DO NOT FORCE BUT ASSESS FOR STIFFNESS</p> <p>Week 2-3</p> <ul style="list-style-type: none"> <li>- ROM in the scapular plane: Elevation 90°, ER 5°-10°, IR 30°-45°</li> </ul> <p>Week 4</p> <ul style="list-style-type: none"> <li>- ROM in the scapular plane: Elevation 90-100°, ER 15°-20°, IR 50°-60°</li> </ul> <p>Week 5-6</p> <ul style="list-style-type: none"> <li>- ROM in the scapular plane: Elevation 120°-145°, ER 40°-60°, IR 50°-60°</li> </ul> <p>Abduction 0°-90° first 6 weeks (gentle motion)</p> <p>Exercises</p> <p>Week 2</p> <ul style="list-style-type: none"> <li>- Scapular Isometrics, Elbow AROM, Shoulder AAROM</li> </ul> <p>Week 3</p> <ul style="list-style-type: none"> <li>- RC Isometrics, Rhythmic stabilization ER/IR with PT</li> </ul> <p>Week 4</p> <ul style="list-style-type: none"> <li>- Continue RC Isometrics, Elastic band row</li> </ul> <p>Week 5-6</p> <ul style="list-style-type: none"> <li>- RC Isotonics if arthroscopic (if open start week 6), Scapular strengthening, Prone row, prone extension</li> </ul>
Criteria for Advancement	<ul style="list-style-type: none"> <li>– No pain at rest</li> <li>– 120° shoulder elevation PROM; 45° ER in scapular plane</li> <li>– Tolerance of scapular and RC exercises without discomfort</li> </ul>

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**Phase III, 6-15 weeks.** Regain full range of motion, then begin gentle strengthening

PRECAUTIONS	<ul style="list-style-type: none"> <li>- No forced PROM</li> <li>- Avoid undue stress to anterior shoulder joint</li> <li>- No painful activities</li> </ul>
Emphasize	<ul style="list-style-type: none"> <li>- Full active range of motion (FROM)</li> <li>- Restoration of scapular and RC muscle balance and endurance</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>- Quick Disabilities of Arm, Shoulder and Hand (Quick DASH)</li> <li>- American Shoulder and Elbow Surgeons Score (ASES)</li> <li>- Numeric Pain Rating Scale (NPRS)</li> <li>- Pain, Wound status, Swelling, Mental status</li> <li>- Passive range of motion (PROM)</li> <li>- Static scapular assessment (Kibler grading)</li> <li>- Cervical mobility</li> <li>- Functional status – ADLs and mobility</li> </ul>
Treatment Recommendations	<p>ROM Goals</p> <p>Week 6-7</p> <ul style="list-style-type: none"> <li>- Initiate light and PAIN FREE ER at 90° shoulder abduction, progress to 30° ER</li> </ul> <p>Week 7-9</p> <ul style="list-style-type: none"> <li>- Flexion 160°-180°</li> <li>- ER at 90° abduction: 75°-90°</li> <li>- IR at 90° abduction: 70°-75°</li> </ul> <p>Week 9-12</p> <ul style="list-style-type: none"> <li>- Shoulder Flexion 180°</li> <li>- ER at 90° abduction: 100°-115°</li> <li>- Shoulder Flexibility: Posterior shoulder stretch at PT discretion</li> </ul> <p>Exercises</p> <ul style="list-style-type: none"> <li>- Progress above</li> <li>- Throwers Ten</li> <li>- Advanced Throwers Ten</li> <li>- Scapular stabilization</li> <li>- Closed chain quadruped double arm protraction</li> <li>- Prone “T, I” and progress to “Y” and “W” as ROM allows</li> <li>- End range stabilization using exercise blade/perturbations</li> <li>- Shoulder endurance exercise</li> <li>- UE ergometry (if ROM allows)</li> <li>- Core strength/kinetic linking</li> </ul> <p>Weeks 10-16</p> <ul style="list-style-type: none"> <li>- 90°/90° ER/IR strengthening</li> </ul>
Criteria for Advancement	<ul style="list-style-type: none"> <li>- Full shoulder AROM</li> <li>- 4/5 strength below shoulder height</li> </ul>

Dr. Tyler Kent  
Tylerkentmd.com

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**Phase IV, 16-19 weeks.** Plyometric exercises

PRECAUTIONS	- No painful activities
Emphasize	- Shoulder flexibility, strength and endurance - Pain free plyometrics
Assessment	- Quick Disabilities of Arm, Shoulder and Hand (Quick DASH) - American Shoulder and Elbow Surgeons Score (ASES) - Numeric Pain Rating Scale (NPRS) - Pain, Wound status, Swelling, Mental status - Passive range of motion (PROM) - Static scapular assessment (Kibler grading) - Cervical mobility - Shoulder MMT and grip strength
Treatment Recommendations	- Continue shoulder RC and scapular stabilization exercises - Continue and progress all Advanced Thrower's Ten exercises - Initiate plyometrics as tolerated Plyometric progression (over 4 week period) - Double hand chest pass - Double hand overhead soccer pass - Double hand chops - Single hand IR at 0° abduction - Eccentric catch - Single hand 90/90 IR Endurance progression - Double hand overhead wall taps - Single arm 90/90 wall taps - Single arm 12 o'clock to 3 o'clock wall taps - Exercise blade in multiple sessions
Criteria for Advancement	- Full shoulder AROM - Symptom-free progression through plyometrics and endurance program

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**Phase V, 20+ weeks.** Return to sport and all activities

PRECAUTIONS	<ul style="list-style-type: none"><li>- All progressions should be pain-free</li><li>- Monitor for loss of strength and flexibility</li></ul>
Emphasize	<ul style="list-style-type: none"><li>- Return to sports activity</li></ul>
Assessment	<ul style="list-style-type: none"><li>- Quick Disabilities of Arm, Shoulder and Hand (Quick DASH)</li><li>- American Shoulder and Elbow Surgeons Score (ASES)</li><li>- Numeric Pain Rating Scale (NPRS)</li><li>- Pain, Wound status, Swelling, Mental status</li><li>- Passive range of motion (PROM)</li><li>- Static scapular assessment (Kibler grading)</li><li>- Cervical mobility</li><li>- Shoulder MMT and grip strength</li></ul>
Treatment Recommendations	<ul style="list-style-type: none"><li>- Initiate interval sports programs at 5 months</li><li>- Continue with all upper and lower extremity flexibility exercises</li><li>- Continue with advanced shoulder and scapular strengthening exercises</li><li>- Gradually progress sports activities</li><li>- Monitor workload</li></ul>
Criteria for Return to Sport	<ul style="list-style-type: none"><li>- Symptom free progression through interval sports program</li><li>- Independent with all arm care exercises</li></ul>