Paul J. Ghattas D.O.

ORTHOPEDIC SURGERY, SPORTS MEDICINE & ARTHROSCOPY STAR ORTHOPEDICS AND SPORTS MEDICINE



REHABILITATION PROTOCOL

Shoulder Arthroscopy / SLAP Repair

Weight-bearing: Sling immobilization at all times except for showering and rehab under guidance of PT. Range of Motion: PROM Odals: -090° of Forward Flexion, 30° of External Rotation at side, Internal Rotation to stomach No Internal Rotation up the back and No External Rotation behind the head Therapeutic Exercises: Wirst/Hand Range of Motion Grip Strengthening Isometric Abduction, Internal/External Rotation exercises with elbow at side No resisted Forward Flexion or Elbow Flexion (to avoid stressing the biceps origin at the SLAP) Modalities as per PT discretion in each phase of rehab. Weight-bearing: Discontinue sling. Begin to progress weight-bearing and AROM with the affected arm Range of Motion: Increase Forward Flexion, Internal/External Rotation to full motion as tolerated Therapeutic Exercises: As tolerated. Advance isometrics from Phase I to use of a Theraband within AROM limitations Continue with Wrist/Hand Range of Motion and Grip Strengthening Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula) Gentle joint mobilization Base 3 (6-12 weeks) Range of Motion: Progress to full AROM without discomfort. Therapeutic Exercises: Advance theraband exercises to light weights (1-5 lbs) Begin gentle biceps contraction Continue and progress with Phase II exercises Begin UE ergometer Base 4 (3-6 months) Range of Motion: Full ROM without discomfort. Therapeutic Exercises: Advance exercises in Phase III (strengthening 3-5x per week) Sport/Work specific rehabilitation Return to throwing at 4.5 months Return to sports at 6 months if appropriate and advised by Dr. Ghattas.	atient	Name: Date of Surgery:
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Paul J. Ghattas, D.O.	David L Ch	attas D.O.

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