

## Physical/Occupational Therapy Prescription

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: SLAP tear Code: S43.431

Procedure: Arthroscopic SLAP repair Surgery Date: \_\_\_\_\_

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### Instructions:

#### Range of motion:

- Sling when not performing exercises for the first four weeks.
- No rotation in flexion or abduction (i.e. above 30°) until three months, ok to perform rotation in adduction.
- Range of motion goals:
  - o Gradually increase elevation and external rotation without restriction.
  - o 4 weeks: 140° elevation, 40° adducted external rotation.

#### Strengthening:

- At six weeks:
  - o Begin isometrics for the rotator cuff, deltoid, and scapular stabilizers.
- At three months:
  - o Advance strengthening of the cuff, deltoid and scapular stabilizers to bands, weights, eccentrics, and polymetrics sequentially.
- At 4.5 months:
  - o Begin sport-specific rehabilitation.
- Expected full return to play: six months post-operatively.

Please provide with a home exercise program.

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### Modalities

Heat before and ice after therapy. Other modalities per therapist.

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Frequency: 3 times/week      Duration: 6 weeks

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_