
Anterior and Posterior Labral Repair Protocol

This rehabilitation protocol has been developed for the patient following an arthroscopic Labral repair procedure. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior and posterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

Physical therapy should be initiated within the first week after surgery. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitivity and increase in night pain
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following this procedure requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling or instability should be closely monitored by the patient.

Phase I (Weeks 1 to 3)

Goals

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in range of motion
- Independent in home exercise program
- Initiate muscle contraction

Brace

- Sling for six weeks or as noted by Dr. Thieken
- Sling removed for exercises

Modalities

- E-stim as needed
- Ice 15 to 20 minutes

Range of Motion (gradually increase)

- Passive range of motion - scapular plane
 - External Rotation
 - 0 to 10° by week two
 - 0 to 20° by week three
 - Internal Rotation
 - 0 to 45° by week six
- Passive and active assistive range of motion
 - Flexion/Elevation/Abduction
 - 0 to 90° by week six
- Pendulum exercises
- Rope/pulley (flex, scaption)
- Wand exercises-all planes within limitations
- Elbow/wrist ROM
- Manual stretching and Grade I to II joint mobs
- **No active external rotation, internal rotation, abduction or extension**

Exercise

- Initiate submaximal isometrics - pain free

Phase II (Weeks 3 to 6)

Goals

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in range of motion

Brace

- Discontinue at week six

Modalities

- Ice 15 to 20 minutes

Range of Motion (gradual increase)

- Passive and active assistive range of motion - scapular plane
 - External rotation of 0 to 30° by week six
 - Flexion/elevation of 0 to 90° by week six
 - Internal rotation 0 to 45° by week six
- Pendulum exercises
- Rope/pulley (flex, abduction, scaption)
- Wand exercises: all planes within limitations
- Manual stretching

Exercise

- Continue isometric activities as in Phase I
- Initiate supine rhythmic stabilization at 90° flexion
- Initiate upper body exerciser for endurance
- Initiate internal rotation/external rotation at neutral with tubing
- Initiate side lying external rotation
- Prone horizontal abduction (100°, 90°), extension
- Initiate flexion, scaption, empty can
- Initiate scapular stabilizer strengthening
- Concentrate on eccentric activities

Phase III (6 to 12 Weeks)

Goals

- Minimize pain and swelling
- Reach full range of motion
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

Modalities

- Ice 15 to 20 minutes

Range of Motion

- Full range of motion at 12 weeks
- Passive and active assistive range of motion - scapular plane
 - External rotation to 60° and internal rotation to 60° by week 9
 - Flexion to 140° and abduction to 120° by week 9

Exercise

- Continue all strengthening from previous phases increasing resistance and repetition
- Initiate plyotoss chest pass at week 12
- Initiate proprioceptive neuromuscular facilitation patterns with Thera-Band
- Manual resisted proprioceptive neuromuscular facilitation patterns in supine
- Upper body exerciser for strength and endurance
- Initiate isokinetic internal rotation/external rotation at neutral at week 12

Phase IV (Weeks 12 to 24)

Goal

- Full active range of motion
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training

Modalities

- Ice 15 to 20 minutes

Range of Motion

- Continue with all range of motion activities from previous phases
- Towel stretching
- Grade III to IV joint mobs as needed for full range of motion

Exercise (slowly progress beginning at week 16)

- Progress strengthening program with increase in resistance and high speed repetition
- Progress with eccentric strengthening of posterior cuff and scapular musculature
- Initiate single arm plyotoss
- Progress rhythmic stabilization activities to include standing proprioceptive neuromuscular facilitation patterns with tubing
- Upper body exercise for strength and endurance
- Initiate military press, bench press and lateral pull downs
- Initiate sport specific drills and functional activities
- Initiate interval throwing program at week 20
- Initiate light plyometric program at week 18
- Progress isokinetics to 90° of abduction at high speeds