



The Orthopaedic & Fracture Clinic

Posterior Labral Repair Protocol

The following protocol is a guide for post-operative shoulder posterior labral repair rehabilitation.

Phase I Protection (Weeks 0 – Four)

Goals:

- Protect the healing repair.
- Decrease pain and swelling.
- Gradually improve PROM within limits.
- Sling use for three to six weeks per surgeon instruction.

Post-Op Visit One (0 – One Week):

- Dressing change/wound check.
- Pendulums.
- Elbow and wrist AROM exercises.
- Scapular squeezes.

Post-Op Visit Two (One – Four Weeks):

- Week One:
 - Initiate PROM:
 - ER to tolerance in scapular plane.
 - IR to 30 degrees in scapular plane.
 - Forward flexion to 100 degrees scapular plane.
 - Abduction to 90 degrees.
 - Avoid horizontal abduction (<15 degrees).
 - Review home exercise program.
 - Modalities for pain and inflammation reduction.
- Week Two – Four:
 - Continue PROM program.
 - FF to 120 degrees.
 - ER to 65 degrees at 90 degrees of abduction.
 - Abduction to 120 degrees.

- IR to 30 degrees at 90 degrees of abduction.
- Initiate light biceps and triceps strengthening activities.

Phase II (Weeks Four – Six)

Goals:

- Protect healing repair.
- Initiate AAROM program.
- Periscapular strengthening phase.
- Continue to gradually increase ROM.
- Continue progressive ROM program.
 - FF to 140 degrees.
 - Abduction to 120 degrees.
 - ER at 90 degrees of abduction to 90 degrees.
 - IR at 90 degrees of abduction to 35 degrees.
- Initiate isometric scapular proprioceptive exercises with shoulder in neutral rotation (core scap squeezes, low row, scap. Depression, etc.).
- Initiate AAROM exercises (UBE, Cane AA, table slides).
- May D/C sling per M.D. orders.
- Advance home exercise program.

Phase III (Weeks Six – Eight)

- Continue AA/AROM exercise program.
 - FF and abduction 160-180 degrees by week eight.
 - ER to tolerance.
 - IR to 40 degrees at 90 degrees of abduction.
 - Horizontal adduction to 30 degrees.
- Initiate manual stretching and joint mobs within ROM limits, avoid painful stretching.
- Progressive scapular proprioceptive exercises.
- AROM exercises (SLER, supine flexion, full can flexion, prone horizontal abduction with palm down, prone flexion).
- Stabilization exercises (rhythmic stab exercise, body blade, WB stabilization exercises).

Phase IV (Weeks 8 – 12)

Goals:

- Protect repair.
- Progress strengthening of scapular muscles, initiate strengthening of the rotator cuff muscles.
- Progress AA/AROM exercises.

Eight Weeks:

- AROM full all motions. IR at 90 degrees of abduction to > 75 degrees, horizontal adduction full.
- Initiate isotonic rotator cuff and shoulder strengthening.
- Continue scapular strengthening and proprioceptive exercises.
- Initiate T-band ER/IR strengthening.
- Stretching as necessary to achieve ROM goals.
- Advance home based exercise program.

Week 10 +

- Continue with AROM exercises.
- Strength improvement scapular muscles, rotator cuff and shoulder muscles.
- Progress activities to work sport-specific drills.
- Advance home exercise program.

Return to work and sport participation per M.D. recommendations. Patient must have AROM and strength equal to the uninvolved extremity to be considered for return to full duty manual labor/sports participation.