

Postoperative Rehabilitation Protocol for Posterior Labral Repair



Dr. MacLean

Patient will wear an abduction pillow sling for 6 weeks postoperatively.

Unless otherwise specified, do not begin physical therapy until patient has been seen for 2-week postoperative visit.

Postoperative weeks 0-4

GOALS

- Increase PROM
- Control pain with modalities PRN

PRECAUTIONS

- Wear sling at all times except during physical therapy and home exercises
- Keep arm in front of body when out of sling. Do not reach the arm behind the back

RANGE OF MOTION

- Flexion to 60°
- Extension to neutral (0°)
- Abduction to 90°
- External rotator to 45°
- Internal rotator to neutral with arm at side (0°)

STRENGTHENING

- Scapular strengthening exercises (shrugs, protraction, retraction, depression, etc.)
- Shoulder sub-maximal (pain free) isometrics with sling in all directions: flexion, extension, abduction, adduction, internal rotation, and external rotation.
- Cervical ROM (chin tucks)
- Wrist and hand exercises with light resistance, if appropriate

HOME INSTRUCTIONS

- Continue to write or type with operative hand while in sling
- No lifting with operative shoulder
- Do not support bodyweight with operative shoulder
- Do not reach the operative arm behind the back

Postoperative weeks 4-6

GOALS

- Increase PROM
- Begin AAROM
- Begin shoulder strengthening exercises
- Modalities PRN

PRECAUTIONS

- Continue to wear sling daily except during home exercises and physical therapy. May discontinue sling use at night while sleeping but avoid internal rotation
- Do **not** reach behind the back

RANGE OF MOTION

- Passive ROM with pulleys or other assistive device
 - Flexion to 90°
 - Abduction to full as tolerated
 - Extension to 30°
 - ER to 45° with the arm abduction to 90°
 - ER to full as tolerated with arm at side
 - IR to 30° with arm abduction to 90°
- AAROM with wand or other assistive device (standing or supine)
 - Wall-walks in flexion and abduction

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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STRENGTHENING

- Continue scapular strengthening exercises
- Continue isometrics in all directions
- Begin light Theraband exercises for ER strengthening with elbow at the side

HOME INSTRUCTIONS

- No lifting, pulling, or pushing greater than 2lbs
- No overhead work or repetitive motions with the shoulder

Postoperative weeks 6-8

GOALS

- Advance ROM
- Advance strengthening exercises with resistance
- Begin neuromuscular control exercises

PRECAUTIONS

- Discontinue sling at 6 weeks post-op
- Limit IR to 45° until 12 weeks post-op

RANGE OF MOTION

- Advance AROM to full as tolerated (except IR)
 - Limit IR to 45° with both the arm at side and abducted to 90°
- Regain normal glenohumeral-scapular 2:1 motion

STRENGTHENING

- Advance shoulder strengthening exercises to include UBE and wall push-ups
- Isotonic rotator cuff strengthening (progress resistance as tolerated up to 6-8lbs.)
 - Standing flexion, extension, abduction, and scaption with thumb down with dumbbells or Therabands
 - Standing IR and ER with Theraband with arm abducted 25° at side (with pillow or towel)
- Advance scapular strengthening exercises
- Begin neuromuscular control exercises
 - D1 and D2 PNF patterns with no more than 3lbs

HOME INSTRUCTIONS

- No lifting, pulling, or pushing greater than 5lbs
- No overhead work or repetitive motions with the shoulder

Postoperative weeks 8-10

GOALS

- Advance to full ROM (except for IR)
- Advance shoulder strengthening exercises
- Advance neuromuscular control exercises

PRECAUTIONS

- Limit IR to 45° until 12 weeks post-op

RANGE OF MOTION

- Full active ROM as tolerated (except IR)
 - Limit IR to 45° with both the arm at side and abducted to 90°

STRENGTHENING

- Continue scapular strengthening and isotonic rotator cuff strengthening exercises until full ROM is restored
- Continue dumbbell exercises
 - Prone scaption with thumb up and thumb down
 - Prone horizontal abduction with thumb up and thumb down
 - Prone extension
- Continue neuromuscular exercises
 - Supine dynamic/rhythmic stabilization in 90° flexion and 90° abduction with manual resistance
 - Body blade or other perturbation device in 90° flexion and 90° abduction
- Isokinetic strengthening with 60° block:
 - Speeds of 180°, 150°, 120°, 90°, and 60°/second (8-10 reps at each speed)

HOME INSTRUCTIONS

- No lifting, pulling, or pushing greater than 7lbs
- No overhead work or repetitive motions with the shoulder

Postoperative weeks 10-12

GOALS

- Advance to full ROM in all directions at 12 weeks post-op
- Advance strengthening exercises and begin traditional weight training with machines and free weights

PRECAUTIONS

- Limit IR to 45° until 12 weeks post-op

RANGE OF MOTION

- Advance IR to full at 12 weeks post-op
- Continue to advance full ROM in all other directions as needed

STRENGTHENING

- Advance rotator cuff strengthening exercises with weights 8-10lbs in all directions
- Advance neuromuscular control exercises in D1 and D2 patterns with manual resistance
- Standing dynamic/rhythmic stabilization in 90° flexion and 90° abduction with ball against wall and manual resistance
- Continue isokinetic strengthening above, advancing to 15 reps at each speed
- For throwing athletes: begin thrower specific strengthening program (Thrower's 10 program)

HOME INSTRUCTIONS

- No lifting, pulling, or pushing greater than 10lbs
- No overhead work or repetitive motions with the shoulder

Postoperative weeks 12-14

GOALS

- Restore and maintain full ROM in all directions
- Advance strengthening and neuromuscular control

STRENGTHENING

- Continue therapeutic exercises above
- Rotator cuff strengthening exercises with eccentric manual resistance
- Advance PNF D1 and D2 pattern exercises with manual resistance
- Advance isokinetic strengthening to full ROM
- Begin traditional weight training with machines
 - Progress to free weight use as tolerated
- Throwing athletes continue thrower's 10 exercises

HOME INSTRUCTIONS

- No lifting, pulling, or pushing greater than 15lbs. Progress as tolerated (3-5lbs per week)
- Start progression to overhead work

Thrower's progression beyond 14 weeks

Postoperative weeks 14-16

THROWING PROGRESSION

- Light tennis ball tossing at 60% velocity for 20-30 feet max
- Focus on throwing mechanics: wind up, early cocking, late cocking, acceleration, and follow through

STRENGTHENING

- Continue weight training progression and therapeutic exercises above
- Begin isokinetic exercises at higher speeds (240°, 270°, 300°, 330°, 360°/second)

Postoperative weeks 16-24

For throwing athletes: perform isokinetic testing below (if available). If you pass the test, begin interval throwing program. Re-test monthly until passed.

ISOKINETIC TESTING PROTOCOL

- Patient is seated
- Test uninvolved shoulder first
- Position: shoulder in scapular plane at 90° abduction and 30° flexion, with dynamometer at 0° tilt and 90° rotation
- Use 3 sub-max reps and 3 max reps for warm up
- Do 6 reps at 60°/second, then 12 reps at 300°/second (allowing at least one minute of rest between test speeds)

Scores equal to or greater than the following are considered passing:

- ER/IR unilateral ratio: 70%
- ER bilateral ratio: 98%
- IR bilateral ratio: 105%
- ER peak torque/BW ratio: 18%

RETURN TO SPORT CRITERIA

- Pass strength test
- Completed throwing program
- No pain with activity

- Surgeon clearance has been obtained
- No less than 5 months post-op for return to contact sports