

Altru Advanced Orthopedics Arthroscopic Posterior Labral Repair Protocol

The intent of this protocol is to provide the therapist with a guideline for the post-op rehab of a patient who has had an arthroscopic posterior labral repair. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's rehab. The actual therapy plan of care must be based on the mechanism of injury, surgical approach, physical exam and findings, individual progress, any post-op complications, and/or co-morbidities. If a therapist needs assistance or has questions regarding the progression of a patient post surgically they should consult the referring surgeon.

PHASE I: Weeks 0-6

Precautions:

- No IR, horizontal adduction, or extension
- ER as tolerated with good humeral head setting
- No closed chain positions
- No overhead activities

Goals:

- Allow healing of repaired capsule
- Maintain ROM of uninvolved joints
- Patient complaint with brace wear schedule
- Decrease pain and inflammation
- Initiate early protected and restricted ROM

Immobilization:

- ER sling to be worn at all times, day and night for 4 weeks
 - Sling may be removed for exercises as instructed and bathing/hygiene

Therapeutic Exercise:

0-3 Weeks:

1. AROM: elbow, wrist, hand
2. Initiate passive shoulder ROM
 - Maintain good humeral head setting
 - No IR beyond neutral
 - Pendulum exercises
3. Hand gripping exercises

3-6 Weeks:

1. PROM:
 - Flexion to 90°
 - ER at 0° of abd to 45°
 - ER at 90° of abd to 45°

- Abduction to 90°
- 2. Supine AAROM for flex with cane
- 3. Supine AROM in neutral for ER with scapular retraction
- 4. Strengthening:
 - Isometrics: Flex, ext, abd, ER, IR
 - Rhythmic stabilization for IR/ER and flex/ext
 - Scapular facilitation: retraction, protraction, depression
 - Scapular pinch, sternal lift, Lawn mower done in sling
 - Light axial loading with ball rolls on table

Modalities:

- Cryotherapy for pain and inflammation
- E-stim prn

Manual Therapy:

- Scar mobilization and soft tissue mobilization prn

Goals to Achieve for ROM by 3-6 weeks post-op:

Flexion/scaption	0-120°
Abduction	0-90°
ER at 0°	To tolerance
ER at 90° ABD	To tolerance
IR in scapular plane	0-30°
IR at 90° ABD	None, do not perform

PHASE II: Weeks 7-12

Precautions:

- Gentle progression of IR ROM as protocol progresses
- No push-ups or pushing movements
- Avoid excessive or forceful horizontal adduction and IR
- Exercise arcs that protect posterior capsule and keep all strength exercises below horizontal plane

Goals:

- Gradually restore ROM
- Increase strength
- Improve neuromuscular control and proprioception

Immobilization:

- D/C ER sling at 6 weeks

Therapeutic Exercise:

1. Continue with exercises in phase I as needed
2. Progress PROM all directions, as tolerated
 - Gentle progression with IR
3. AAROM/AROM all directions, progress as tolerated, pulley/cane, wall slides
 - Horizontal adduction, reach only not a stretch
 - Hands behind head stretch, ER at 90° of abduction stretch
4. Strengthening:
 - At 8 weeks: Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff
 - Submaximal, pain-free isotonic shoulder exercise for IR and ER with modified neutral position
 - Isotonic 1-3lbs: triceps, sidelying then standing scaption, prone Y, T, W's
 - Theraband or tubing: ER, IR (limit to neutral initially), bicep curl, row, serratus punch, W's, progress to T's, diagonals, ER and IR at 90°
 - UBE at 8 weeks
 - Progress rhythmic stabilization to closed chain
 - Proprioception drills
 - Scapular facilitation: retraction, protraction, depression, add elevation and protraction
 - Scapulohumeral rhythm exercises

Modalities:

- Cryotherapy prn
- NMES prn

Manual Therapy:

- Scar mobilization and soft tissue mobilization prn
- Joint mobilization prn

Goals to achieve for ROM by 6-12 weeks post-op:

Flexion/scaption	To tolerance, 165° by week 8
Abduction	To tolerance
ER at 0°	To tolerance, 85-90° by week 8
ER at 90° ABD	Progress to 90° (110-115 for throwers)
IR in scapular plane	0-60°
IR at 90° ABD	30-45° by week 10, progress cautiously and gradually to 60-65° by week 12

PHASE III: Weeks 13-16

Precautions:

- Gentle progression of IR ROM as protocol progresses
- No push-ups or pushing movements
- Avoid excessive or forceful horizontal adduction and IR

- Exercise arcs that protect posterior capsule and keep most strength exercises below horizontal plane

Goals:

- Patient will have full AROM with good scapulohumeral rhythm
- Improve strength, power, and endurance
- Improve neuromuscular control and proprioception
- Improve dynamic stability

Therapeutic Exercise:

1. Progress to full ROM
 - Sleeper posterior capsular stretch, IR behind back stretch, horizontal adduction stretch
2. Strengthening:
 - Advance phase II activities, emphasize ER and latissimus eccentrics and glenohumeral stabilization
 - Plyometrics- in front of body, below shoulder height, wall dribble 2-1 hand, ER wall dribble
 - Rhythmic stabilization: closed chain with hand on a ball progressing to open chain in multiple planes of movement
 - Wall push-up
3. Jog at 16 weeks

PHASE IV: Weeks 17-6 months

Precautions:

- Limited return to sports activities
- No push-ups or pushing movements
- Avoid excessive or forceful horizontal adduction and IR
- Exercise arcs that protect posterior capsule

Goals:

- Patient will have full AROM with good scapulohumeral rhythm
- Improve strength, power, and endurance
- Improve neuromuscular control and proprioception
- Improve dynamic stability

Therapeutic Exercise:

1. Continue flexibility exercises to maintain full ROM
2. Progress strengthening exercises
 - Free weights (limit depth of bench press, and other exercises where elbows go past trunk into extension)

- Closed chain activities: push-up progression, quadruped rhythmic stabilization, steps, balance boards
- Plyometrics- 2-1 hand, Rebounder throws, wall dribbles
- Begin interval throwing program, racquet swings- ground strokes, golf swings- partial range, swim crawl- half speed

PHASE V: 7+ Months

Precautions:

- Avoid supine chest flys, full bench press, behind neck pull downs, lateral raise machine, dips, extreme flex, and pullovers

Goals:

- Return to full function
- Return to all work and sport activities

Therapeutic Exercise:

1. Progress phase IV activities
2. Sport and work specific activities
3. Return to full activity