**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

**Im mobilization:**
- 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°
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:**

<table>
<thead>
<tr>
<th>Flexion/scaption</th>
<th>0-120°</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction</td>
<td>0-90°</td>
</tr>
<tr>
<td>ER at 0°</td>
<td>To tolerance</td>
</tr>
<tr>
<td>ER at 90° ABD</td>
<td>To tolerance</td>
</tr>
<tr>
<td>IR in scapular plane</td>
<td>0-30°</td>
</tr>
<tr>
<td>IR at 90° ABD</td>
<td>None, do not perform</td>
</tr>
</tbody>
</table>

**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
   o Gentle progression with IR
3. AAROM/AROM all directions, progress as tolerated, pulley/cane, wall slides
   o Horizontal adduction, reach only not a stretch
   o Hands behind head stretch, ER at 90° of abduction stretch
4. Strengthening:
   o 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°
   o UBE at 8 weeks
   o Progress rhythmic stabilization to closed chain
   o Proprioception drills
   o 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:

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

**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