HaysMed

Shoulder – Posterior Labral Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

NOTE: Caution must be applied in placing undue stress on the posterior joint capsule as dynamic joint stability is restored

PHASE I: (Immediate)

Week 1-2

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education

ROM-
1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes
2. Passive Shoulder ROM only
    a. Flexion to 60, Abduction to 60
    b. Extension to 0
    c. IR/ER stretching to be performed from 0 to 30 of abduction
        i. ER to 30
        ii. IR to 0

Exercises-
1. Active wrist, forearm, and elbow exercises, all planes
2. Hand gripping exercises
3. Isometrics (Sub-maximal, sub-painful)
    a. Wrist, Elbow, Forearm

Week 3 – 4

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education

(cont'd weeks 3-4)

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ROM-

1. Passive and Active-Assistive Shoulder ROM exercises as follows:
    a. Flexion to 90
    b. Extension to 0
    c. Abduction to 90
    d. IR/ER stretching to be performed from 0 to 30 of abduction
        i. ER to 30
        ii. IR to 0

Exercises-

1. Progress to resistive exercises for Wrist, Forearm, and Elbow
2. Pendulum
3. Overhead Pulleys / Table slides within ROM restrictions
4. AAROM w/ dowel rod within shoulder ROM restrictions
5. Shoulder Isometrics (Sub-maximal, Sub-painful)
    a. Flexion, extension, abduction, adduction
    b. NO Internal or External Rotation

PHASE II (Intermediate)

Week 5 – 7

Orthotics-

1. May gradually discontinue use of shoulder sling as tolerated

Modalities (PRN)-

1. Continue modalities as needed

ROM-

1. Passive and Active ROM exercises as follows:
    a. Flexion and Abduction to 130
    b. External Rotation to 40
    b. IR to 0

Exercises-

1. Continue Phase I exercises as tolerated
2. Initiate Isometric Internal Rotation/External Rotation
3. Scapulo-thoracic strengthening as tolerated
4. Progress to active exercises within shoulder ROM restrictions
    a. May add resistance as patients reach full, non-painful ROM
    b. NO resisted rotator cuff strengthening

Week 8 – 12

ROM-

1. Progress flexion and abduction to full as tolerated
2. Progress ER to 70 degrees initially in scapular plane progressing to 90 abduction
3. IR to 45 degrees in scapular plane

(cont'd weeks 8-12)

Exercises-

1. Continue to progress previous exercises as tolerated

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2. Progress to resisted Rotator Cuff at 0 to 60 degrees abduction
3. Supine rhythmic stabilizations for IR/ER with minimal resistance
4. At 12 weeks can start modified push ups and progress as tolerated

PHASE III (Strengthening)

Week 13 – 15

ROM-

1. Maintain full active and passive ROM
2. Progress IR to full ROM

Exercises-

1. Progress Phase II exercises as tolerated
2. May initiate more aggressive strengthening of the shoulder musculature
    a. Weight stations, free weights, etc
3. Rotator Cuff strengthening to progress to 90 of abduction position
4. May start jogging

PHASE IV (Advanced Strengthening)

Week 16 – 19

Exercises-

1. Light Upper extremity Plyometrics
2. Functional activities including lifting and return to work activities

Week 20+

Exercises-

1. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function
2. **BENCH PRESS starting at 4 months post op**

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