



Posterior Labral Repair Post-op Protocol

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If you have any questions about this protocol or about the patient, do not hesitate to email Dr. Metzler at: ametzler@orthocincy.com

Philosophy: This protocol is designed to serve as a guide for the clinician to rehabilitate a patient following posterior labral repair procedures. Time frames allow for optimal healing, and should be used as criteria for advancement along with a patient's functional ability.

Phase I (0-6 weeks)- Protective

Goals

1. Protect repair; educate patient regarding post operative precautions
2. Begin limited PROM progressing to full at end of phase
3. Independent with home exercises
4. Decrease pain and inflammatory response

Precautions

1. **Wear sling at all times for 4 weeks except during elbow ROM**
2. **No shoulder ROM for 1 week, then gradual return to full ROM (no Internal Rotation stretching unless directed by physician for 6 weeks)**
3. **No Codman's for 1 week**

Exercises:

Weeks 0-4

1. Initiate cervical spine, elbow, wrist, and hand AROM
2. Shoulder retraction activation including manual scapula strengthening and isolated scapula strengthening.
3. Modalities as needed for pain control as needed

Weeks 4-8

1. PROM for flexion and abduction in scapular plane, and IR as tolerated. *No passive Internal Rotation stretching for 6 weeks.*
2. Initiate AAROM with t-bar, table slides, Swiss ball, pulleys, etc
3. Initiate AROM gradually, without restrictions
4. Light PNF techniques & kinesthetic awareness drills

5. Initiate scapular stabilization activities both open and close chain
6. Trunk stabilization activities

Phase II (8-12 weeks)- Progressive strengthening

Goals

1. Eliminate shoulder pain
2. Achieve full ROM- (plus ok to achieve full internal rotation)
3. Improve strength and proprioception
4. Assure normal scapulohumeral rhythm

Precautions: No resisted strengthening until 6-8 weeks post op. Start with exercise bands- no free weights for 12 weeks. Emphasize high reps/low resistance.

Exercises:

Weeks 8-12

1. Full ROM (if not achieved, then aggressive PROM for elevation and IR; If full motion, then stretch PRN to maintain mobility)
2. Initiate exercise band strengthening
3. Initiate light dynamic stabilization/plyometric activities
4. Gradually integrate functional patterns, increase speed of movements, increase endurance

Phase III (12-24 weeks)- Functional return

Goals

1. Pain free return to full activities with normal shoulder girdle strength
2. Continue strengthening with increased weights, endurance and speed. May begin adding free weights to program as indicated.
3. Late in phase (as indicated): weight room with elbow not past posterior plane of GH joint
4. Progress plyometric program light to heavy
5. Possible return to most sports activities after 4 months as directed or approved by physician

Exercises:

1. Continue strengthening scapula/shoulder/trunk
2. Simulate sports specific activities: tennis, golf, baseball as appropriate
3. Initiate interval throwing program 3-4 weeks after completing plyometric program
4. Start throwing program if baseball at ~4-5 months per therapists recommendation.