

Posterior Labrum Repair

Physical Therapy Post-op Protocol

***Blood Flow Restriction (BFR) encouraged at all stages**

Weeks 0-2

Primary goals: Eliminate swelling, pain control

- Patient is placed in a sling immediately postop, sling for 3-4 weeks for comfort, sleep in immobilizer for 3-4 weeks
- Elbow/Hand ROM ok
- Hand gripping exercises
- Scapular stabilization exercises
- Belt to forehead range of motion
- Avoid cross arm adduction or excessive IR
- Limited ROM in scapular plane
- Ice, modalities as indicated

Weeks 2-6

Primary goals: Increase ROM

- Discontinue sling at 3-4 weeks
- Continue gentle ROM exercises (PROM and AAROM)
 - Flexion to 90 degrees @ 2 weeks, advance to tolerance at 4-6 weeks
 - Abduction to 90 degrees at 4 weeks, advance to tolerance at 6 weeks
 - ER/IR at 45 degrees abduction in scapular plane
 - ER in scapular plane to 25-30 degrees, 45 to 60 degrees @ 4 weeks and tolerance at 6 weeks
 - IR in scapular plane to 15-20 degrees, advance to 60 degrees by 4-6 weeks
 - Rate of progression based on evaluation of patient
- No excessive IR, cross body adduction
- Core stabilization program, balance/proprioceptive training
- Continue scapular strengthening program

Weeks 6-12

Primary goals: Increase ROM and scapular strength

- Gradually improve ROM to full
 - Progress based on evaluation

- Increase capsular pliability, elasticity, mobilization
- May initiate stretching exercises
- Scapular strengthening, stabilization
- Continue core stabilization program, balance/proprioceptive training
- Deltoid/Rotator cuff isometrics at 8 weeks

Weeks 12-16

Primary goals: Full AROM, continue strengthening

- Be sure the posterior and inferior joint capsules allow for full ROM and normal glenohumeral joint kinematics to occur.
 - Should have full ROM by 10 weeks post-operation.
- Advance strengthening
- Muscle endurance
- Glenohumeral stabilization
- Stretching program

4-5+ Months

Primary goals: Full strengthening, functional training

- Advance scapular stabilization and shoulder stabilization
- Begin plyometric and throwing program (if overhead athlete)
- Maintain ROM and flexibility
- Begin functional activities
- Begin return to sport, training room, gym when full range of motion and strength regained
- Progress with weights as tolerated (i.e., shoulder flexion, abduction, internal and external rotation, extension, supraspinatus, etc.). Continue emphasis on strengthening the rotator cuff musculature.
- Add isokinetic strengthening and endurance exercises at the faster speeds (e.g., 200/sec or faster) for internal and external rotation. May add other directions (e.g., flexion, abduction) as needed.
- Add horizontal abduction with scapular adduction (i.e., prone position, horizontally abducting the humerus from 90⁰ horizontal adduction to 0⁰).
- Lower body conditioning program.
- If there is full ROM, normal joint mechanics, and pain free movement, begin Shadow Mechanics to simulate the throwing motion (if throwing athlete).
- **NOTE:** Shadow Mechanics - simulating the mechanics of the throwing motion without actually throwing an object. A towel or long, slightly weighted sock may be used to provide slight resistance for the arm. The goal of this exercise is to correct any mechanical deficiencies (such as being late, dropping the elbow, and opening up too soon) before actually attempting to throw a baseball.