



Posterior Labral Repair Rehabilitation Protocol (Arthroscopic or Open)

0-2 weeks post-op:

Goals	<ul style="list-style-type: none">• Reduce pain• Reduce swelling• Control pain and inflammation with use of modalities such as TENS, ice, non-thermal ultrasound, cross-friction scar massage, and others as indicated
Precautions/ Sling Use	<ul style="list-style-type: none">• Must wear sling (all components) at all times, except during home exercises and physical therapy
Range of Motion	<ul style="list-style-type: none">• Encourage pendulums exercises at home 3x/day• Full elbow flexion and extension• Wrist ROM exercises
Strengthening	<ul style="list-style-type: none">• Gripping and wrist exercises
Home Instructions	<ul style="list-style-type: none">• Keep surgical dressings clean and dry• Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit)• Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions)• Must sleep in the sling• May type or write with surgical side hand, but only while in the sling• Continue DVT prophylaxis (prevention for blood clots) as instructed by your surgeon

2-4 weeks post-op:

Goals	<ul style="list-style-type: none">• Reduce Pain• Increase passive motion under the supervision of a physical therapist• Control pain and inflammation with use of modalities such as TENS, ice, non-thermal ultrasound, cross-friction scar massage, and others as indicated
Precautions/ Sling Use	<ul style="list-style-type: none">• Continue to wear sling (all components) daily except during home exercises and physical therapy.• Keep arm in front of body when out of the sling/immobilizer. <u>Do not reach the arm behind the back!</u>
Range of Motion	<ul style="list-style-type: none">• Passive ROM under ATC or PT supervision (no pulley exercises at home without supervision)<ul style="list-style-type: none">○ Flexion to 60°○ Extension to neutral (0°)○ Abduction to 90°○ External rotation to 45°○ Internal rotation to neutral with arm at side (0°)

Strengthening	<ul style="list-style-type: none"> • Scapular strengthening exercises (shrugs, protraction, retraction, depression, etc.) • Shoulder sub-maximal (pain free) isometrics with sling/immobilizer in all directions: flexion, extension, abduction, adduction, internal rotation, and external rotation. • Cervical range of motion (chin tucks) • Wrist and hand exercises with light resistance if appropriate
Home Instructions	<ul style="list-style-type: none"> • Can submerge incision in water after first post-op visit only when incision is completely healed • Can continue to write or type with operative hand while in sling • No lifting with operative shoulder • Do not support bodyweight with operative shoulder • Do not reach the arm behind the back

4-6 weeks post-op:

Goals	<ul style="list-style-type: none"> • Increase PROM • Begin AAROM • Begin shoulder strengthening exercises • Control pain and inflammation with use of modalities such as TENS, heat, thermal ultrasound, and others as indicated
Precautions/ Sling Use	<ul style="list-style-type: none"> • Continue to wear sling (all components) daily except during home exercises and physical therapy. May discontinue sling use at night while sleeping, but avoid internal rotation • Keep arm in front of body when out of the sling/immobilizer. <u>Do not reach the arm behind the back!</u>
Range of Motion	<ul style="list-style-type: none"> • Passive ROM with pulleys or other assistive device <ul style="list-style-type: none"> ◦ Flexion to 90° ◦ Abduction to full as tolerated ◦ Extension to 30° ◦ External rotation to 45° with arm abducted to 90° ◦ External rotation to full as tolerated with arm at side ◦ Internal rotation to 30° with arm abducted to 90° • Active Assisted ROM with wand or other assistive device (standing or supine) <ul style="list-style-type: none"> ◦ Wall walks in flexion and abduction
Strengthening	<ul style="list-style-type: none"> • Continue scapular strengthening exercises • Continue isometrics in all directions • Begin light Theraband exercises for external rotation strengthening with elbow at the side
Home Instructions	<ul style="list-style-type: none"> • No longer need to wear the sling • No lifting pulling or pushing greater than 2 pounds • No overhead work • No repetitive motions with the shoulder

6-8 weeks post-op:

Goals	<ul style="list-style-type: none"> • Advance ROM • Advance strengthening exercises with resistance • Begin neuromuscular control exercises
--------------	---

Precautions/ Sling Use	<ul style="list-style-type: none"> • Discontinue sling/immobilizer at 6 weeks post-op • Limit internal rotation to 45° until 12 weeks post-op
Range of Motion	<ul style="list-style-type: none"> • Advance active ROM to full as tolerated (except IR) <ul style="list-style-type: none"> ◦ Limit IR to 45° with both arm at side and abducted to 90° • Regain normal glenohumeral:scapular 2:1 motion
Strengthening	<ul style="list-style-type: none"> • Advance shoulder strengthening exercises to include UBE and wall push-ups • Isotonic rotator cuff strengthening (progress resistance as tolerated up to 6-8lbs.) <ul style="list-style-type: none"> ◦ Standing flexion, extension, abduction, and scaption with thumb down with dumbbells or Therabands ◦ Standing IR and ER with Theraband with arm abducted 25° at side (with pillow or towel) • Advance scapular strengthening exercises <ul style="list-style-type: none"> ◦ Elevation with dumbbells ◦ Depression with seated press ups ◦ Retraction with prone dumbbell row or seated Theraband row ◦ Protraction supine punches with dumbbells or manual resistance • Begin neuromuscular control exercises <ul style="list-style-type: none"> ◦ D1 and D2 PNF patterns with no more than 3lbs. of weight
Home Instructions	<ul style="list-style-type: none"> • No lifting pulling or pushing greater than 5 pounds • No overhead work • No repetitive motions with the shoulder

8-10 weeks post-op:

Goals	<ul style="list-style-type: none"> • Advance to full ROM, except for IR • Advance shoulder strengthening exercises • Advance neuromuscular control exercises
Precautions	<ul style="list-style-type: none"> • Limit internal rotation to 45° until 12 weeks post-op
Range of Motion	<ul style="list-style-type: none"> • Full active ROM as tolerated (except IR) <ul style="list-style-type: none"> ◦ Limit IR to 45° with both arm at side and abducted to 90°
Strengthening	<ul style="list-style-type: none"> • Continue scapular strengthening and isotonic rotator cuff strengthening exercises until full ROM is restored • Continue dumbbell exercises <ul style="list-style-type: none"> ◦ Prone scaption with thumb up and thumb down ◦ Prone horizontal abduction with thumb up and thumb down ◦ Prone extension • Continue neuromuscular exercises <ul style="list-style-type: none"> ◦ Supine dynamic/rhythmic stabilization in 90° flexion and 90° abduction with manual resistance ◦ Body blade or other perturbation device in 90° flexion and 90° abduction • Isokinetic strengthening with 60° block: <ul style="list-style-type: none"> ◦ Speeds of 180°, 150°, 120°, 90°, and 60°/second (8-10 reps at each speed)
Home Instructions	<ul style="list-style-type: none"> • No lifting pulling or pushing greater than 7 pounds • No overhead work • No repetitive motions with the shoulder

10-12 weeks post-op:

Goals	<ul style="list-style-type: none">• Advance to full ROM in all directions at 12 weeks post-op• Advance strengthening exercises and begin traditional weight training with machines and free weights
Precautions/ Sling Use	<ul style="list-style-type: none">• Limit internal rotation to 45° until 12 weeks post-op
Range of Motion	<ul style="list-style-type: none">• Advance IR to full at 12 weeks post-op (limit to 45° until then) with arm abducted to 90°• Continue to advance full ROM in all other directions as needed
Strengthening	<ul style="list-style-type: none">• Advance rotator cuff strengthening exercises with weights 8-10lbs. in all directions• Advance neuromuscular control exercises in D1 and D2 patterns with manual resistance• Standing dynamic/rhythmic stabilization in 90° flexion and 90° abduction with ball against wall and manual resistance• Continue isokinetic strengthening above, advancing to 15 reps at each speed• For throwing athletes: begin thrower specific strengthening program (Thrower's 10 program)
Home Instructions	<ul style="list-style-type: none">• No lifting pulling or pushing greater than 10 pounds• No overhead work• No repetitive motions with the shoulder

12-14 weeks post-op:

Goals	<ul style="list-style-type: none">• Restore and maintain full ROM in all directions• Advance strengthening and neuromuscular control exercises
Precautions/ Sling Use	<ul style="list-style-type: none">• No precautions
Range of Motion	<ul style="list-style-type: none">• Maintain full, active ROM in all directions
Strengthening	<ul style="list-style-type: none">• Continue therapeutic exercises above• Rotator cuff strengthening exercises with eccentric manual resistance• Advance PNF D1 and D2 pattern exercises with manual resistance• Advance isokinetic strengthening to full ROM• Begin traditional weight training with machines<ul style="list-style-type: none">◦ Progress to free weight use as tolerated• Throwing athletes continue thrower's 10 exercises
Home Instructions	<ul style="list-style-type: none">• No lifting pulling or pushing greater than 15 pounds, progress as tolerated (3-5lbs per week)• Start progression to overhead work

Thrower's Progression beyond 14 Weeks:

14-16 weeks post-op:

Throwing Progression	<ul style="list-style-type: none"> • Light tennis ball tossing at 60% velocity for 20-30 feet max • Focus on throwing mechanics: wind up, early cocking, late cocking, acceleration, and follow through) • See throwing progression protocol for guidance
Strengthening	<ul style="list-style-type: none"> • Continue weight training progression and therapeutic exercises above • Begin isokinetic exercises at higher speeds (240°, 270°, 300°, 330°, 360°/ second)

16-24 weeks post-op:

For throwing athletes: perform isokinetic testing below (if available). If passes test, begin interval throwing program. Re-test monthly until passed

Isokinetic Testing Protocol	<ul style="list-style-type: none"> • Patient is seated • Test uninvolved shoulder first • Position: shoulder in scapular plane at 90° abduction and 30° flexion, with dynamometer at 0° tilt and 90° rotation • Use 3 sub-max reps and 3 max reps for warm up • Do 6 reps at 60°/second, then 12 reps at 300°/second (allowing at least one minute of rest between test speeds) • Scores equal to or greater that the following are considered passing: <ul style="list-style-type: none"> ○ ER/IR unilateral ratio: 70% ○ ER bilateral ratio: 98% ○ IR bilateral ratio: 105% ○ ER peak torque/BW ratio: 18% ○ IR peak torque/BW ratio: 28%
Return to Sport Criteria	<ul style="list-style-type: none"> • Pass strength test • Completed throwing program • No pain with activity • Surgeon clearance has been obtained • No less than 5 months post-op for return to contact sports

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>