# Posterior Labral Repair Rehabilitation Protocol  
*(Arthroscopic or Open)*

## 0-2 weeks post-op:

<table>
<thead>
<tr>
<th>Goals</th>
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</table>
| • 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 |

<table>
<thead>
<tr>
<th>Precautions/Sling Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must wear sling (all components) at all times, except during home exercises and physical therapy</td>
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<tr>
<th>Range of Motion</th>
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</table>
| • Encourage pendulums exercises at home 3x/day  
• Full elbow flexion and extension  
• Wrist ROM exercises |

<table>
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<tr>
<th>Strengthening</th>
</tr>
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<tr>
<td>• Gripping and wrist exercises</td>
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<th>Home Instructions</th>
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| • 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:

<table>
<thead>
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| • 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 |

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<tr>
<th>Precautions/Sling Use</th>
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| • 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. **Do not reach the arm behind the back!** |

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| • Passive ROM under ATC or PT supervision (no pulley exercises at home without supervision)  
  • Flexion to 60°  
  • Extension to neutral (0°)  
  • Abduction to 90°  
  • External rotation to 45°  
  • Internal rotation to neutral with arm at side (0°) |
### Strengthening
- 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
- 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
- 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
- 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. **Do not reach the arm behind the back!**

#### Range of Motion
- Passive ROM with pulleys or other assistive device
  - 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)
  - Wall walks in flexion and abduction

#### Strengthening
- Continue scapular strengthening exercises
- Continue isometrics in all directions
- Begin light Theraband exercises for external rotation strengthening with elbow at the side

### 6-8 weeks post-op:

#### Goals
- Advance ROM
- Advance strengthening exercises with resistance
- Begin neuromuscular control exercises

#### Home Instructions
- 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
### Precautions/Sling Use
- Discontinue sling/immobilizer at 6 weeks post-op
- Limit internal rotation to 45° until 12 weeks post-op

### Range of Motion
- Advance active ROM to full as tolerated (except IR)
  - Limit IR to 45° with both arm at side and abducted to 90°
- Regain normal glenohumeral:scapular 2:1 motion

### Range of Motion
- Advance shoulder strengthening exercises to include UBE and wall push-ups
- Isotonic rotator cuff strengthening (progress resistance as tolerated up to 6-8lbs.)
  - 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
  - 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
  - D1 and D2 PNF patterns with no more than 3lbs. of weight

### Home Instructions
- No lifting pulling or pushing greater than 5 pounds
- No overhead work
- No repetitive motions with the shoulder

### 8-10 weeks post-op:

#### Goals
- Advance to full ROM, except for IR
- Advance shoulder strengthening exercises
- Advance neuromuscular control exercises

#### Precautions
- Limit internal rotation to 45° until 12 weeks post-op

#### Range of Motion
- Full active ROM as tolerated (except IR)
  - Limit IR to 45° with both arm at side and abducted to 90°

#### Strengthening
- Continue scapular strengthening and isotonic rotator cuff strengthening exercises until full ROM is restored
- Continue dumbbell exercises
  - Prone scaption with thumb up and thumb down
  - Prone horizontal abduction with thumb up and thumb down
  - Prone extension
- Continue neuromuscular exercises
  - 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:
  - Speeds of 180°, 150°, 120°, 90°, and 60°/second (8-10 reps at each speed)

#### Home Instructions
- No lifting pulling or pushing greater than 7 pounds
- No overhead work
- No repetitive motions with the shoulder
### 10-12 weeks post-op:

**Goals**
- 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

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| Range of Motion | 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 | 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 | No lifting pulling or pushing greater than 10 pounds  
|                   | No overhead work  
|                   | No repetitive motions with the shoulder |

### 12-14 weeks post-op:

**Goals**
- Restore and maintain full ROM in all directions  
- Advance strengthening and neuromuscular control exercises

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<td>Range of Motion</td>
<td>Maintain full, active ROM in all directions</td>
</tr>
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| Strengthening | 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  
|               | o Progress to free weight use as tolerated  
|               | Throwing athletes continue thrower’s 10 exercises |

| Home Instructions | 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**
- 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**
- Continue weight training progression and therapeutic exercises above
- Begin isokinetic exercises at higher speeds (240°, 270°, 300°, 330°, 360°/second)

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**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**
- 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:
  - 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**
- 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/](https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/)