

## ARTHROSCOPIC POSTERIOR LABRAL REPAIR

### Physical Therapy Protocol

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#### REHABILITATION GUIDELINES

The rehabilitation is presented in a criterion-based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

#### PHASE I: WEEKS 0-4

##### **Appointments**

- Meet with physician during weeks 1 and 4 post-op
- Begin physical therapy 7 days after surgery, continue 1-2 x per week

##### **Goals**

- Protection of the post-surgical shoulder
- Activation of the stabilizing muscles of the glenohumeral and scapulothoracic joints
- Maintain ROM at elbow and wrist

##### **Precautions**

- Sling immobilization required for soft tissue healing
- May remove sling in week 5 in safe environments
- Hypersensitivity in axillary nerve distribution is a common occurrence.
- No internal rotation past neutral for 6 weeks and no combined internal rotation and abduction for 8 weeks to protect repaired tissue

##### **ROM Exercises**

Please do not exceed the ROM specified for each exercise and time.

- Gentle A/AAROM for elbow, wrist & hand
- Pain free, gentle PROM for shoulder flexion, abduction, external rotation
- Week 5: progress to AAROM/AROM

##### **Suggested Therapeutic Exercise**

- Week 3: begin sub-maximal shoulder isometrics for IR/ER, flex/extension and abduction/adduction
- Hand gripping

- Cervical spine and scapular AROM
- Desensitization techniques for axillary nerve distribution
- Postural exercises

### **Cardiovascular Fitness**

- Walking, stationary bike with the sling on
- No treadmill - avoid running and jumping due to the distractive forces that can occur at landing

### PHASE II: WEEKS 4-8

#### **Appointments**

- Meet with physician at 4 weeks
- Physical therapy 2-3x per week

#### **Goals**

- Full AROM all cardinal planes, except internal rotation
- Progress internal rotation ROM gradually to prevent overstretching repair
- Strengthen shoulder and scapular stabilizers in protected position (0-45° abduction)
- Begin proprioceptive and neuromuscular control re-training
- Avoid closed chain exercises due to stress on posterior repair

#### **Precautions**

- May wean from sling starting week five
- Hypersensitivity in axillary nerve distribution is a common occurrence
- No internal rotation past neutral for 6 weeks and no combined internal rotation and abduction for 8 weeks to protect repaired tissue
- Avoid passive and forceful movements into internal rotation, combined IR/abduction, or adduction

#### **ROM Exercises**

Please do not exceed the ROM specified for each exercise and time.

- AA/AROM in all cardinal planes- assessing scapular rhythm, respecting IR ROM guidelines

#### **Suggested Therapeutic Exercise**

- Rotator cuff strengthening in non-provocative positions (0-45° abduction)
- Scapular strengthening & dynamic neuromuscular control
- Cervical spine and scapular AROM

- Postural exercises
- Core strengthening ball squeezes

### **Cardiovascular Fitness**

- Walking, stationary bike without using arms, Stairmaster (no treadmill, swimming or running)
- Avoid running/jumping until athlete is at least 8 weeks post-op and has full rotator cuff strength in a neutral position due to distractive forces that can occur at landing

### PHASE III: WEEKS 8-12

Begin at week 8; when goals and criteria are met from phase II, continue into week 12.

### **Appointments**

- Meet with the physician at 12 weeks
- Physical therapy 1-2x per week

### **Goals**

- Full AROM in all cardinal planes with normal scapula-humeral movement
- 5/5 rotator cuff strength at 90° abduction in the scapular plane
- 5/5 peri-scapular strength

### **Precautions**

- Avoid activities that cause posterior pain
- Post-activity soreness should be mild and subside w/in 24 hours
- All exercises and activities to remain non-provocative and low to medium velocity
- Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm
- No swimming, throwing or overhead sports

### **Suggested Therapeutic Exercise**

- Motion: no restrictions for internal rotation, normalize to other side gradually and with appropriate end feel
- Strength and stabilization: flexion in prone, or abduction in prone, full can ex, D1 and D2 diagonals in standing
- TB/cable column/dumbbell (light resistance/high rep) IR/ER in 90° abduction and rowing

### **Cardiovascular Fitness**

- Walking, biking, Stairmaster and running (if they have met phase II criteria)
- NO SWIMMING

### **Progression Criteria**

- Patient may progress to Phase IV if they have met the above stated goals and are at least 12 weeks post-op

### PHASE IV: WEEKS 12-16

Begin at week 12; when goals and criteria from phase III are met, continue into week 16.

### **Appointments**

- Meet with the physician at 18 weeks post-op
- Physical therapy once every week

### **Goals**

- Patient to demonstrate stability with higher velocity movements and change of direction movements
- 5/5 rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane
- Full multi-plane AROM

### **Precautions**

- Avoid activities that cause posterior pain
- Post-activity soreness should be mild and subside w/in 24 hours
- Progress gradually into provocative exercises by beginning with low velocity, known movement patterns
- Progress gradually into closed chain exercises, focusing on the ability to control posterior forces

### **Suggested Therapeutic Exercise**

- Strength and stabilization: dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises
- TB/cable column/ dumbbell IR/ER in 90° abduction and rowing
- Balance board in push-up position (with RS), prone Swiss ball walkouts, rapid alternating movements in supine D2 diagonal. CKC stabilization with narrow base of support

### **Cardiovascular Fitness**

- Walking, biking, Stairmaster and running (if they have met phase III criteria)
- NO SWIMMING

### **Progression Criteria**

- Patient may progress to Phase V if they have met the above stated goals and have no apprehension or internal impingement signs

### **PHASE V: WEEKS 16-20**

Begin at week 16; when goals and criteria from phase IV are met, continue into week 20.

### **Appointments**

- Meet with physician at 24 weeks post-op
- Physical therapy once every 2-3 weeks

### **Goals**

- Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc.)
- No apprehension or instability with high velocity overhead movements
- Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder
- Work capacity cardiovascular endurance for specific sport or work demands

### **Precautions**

- Progress gradually into sport specific movement patterns
- Avoid activities that cause posterior pain
- Post-activity soreness should be mild and subside w/in 24 hours

### **Suggested Therapeutic Exercise**

- Strength and stabilization: dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocities. Begin working towards more sport specific activities
- Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete's sport
- High velocity strengthening and dynamic control, such as the inertial, plyometrics, rapid TheraBand drills

### **Cardiovascular Fitness**

- Design to use sport specific energy systems

### **Progression Criteria**



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- Patient may return to sport after receiving clearance from the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer
- Return to play at 5 months from date of surgery