SCHOOL OF MEDICINE
DEPARTMENT OF ORTHOPAEDICS & REHABILITATION

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Posterior Labral Repair Rehabilitation Protocol

(Arthroscopic or Open)

To start 4-6 weeks post op

1-2 x wk for 12+ wks

0-2 weeks post-op (may begin these the day after surgery):

- Keep arm in sling/immobilizer at all times except for exercises below
- Remove arm from sling three times per day for the following therapeutic exercises:
  - Fully bend and straighten your fingers, your wrist, and your elbow several times
  - Pendulums (directions and a picture of this can be found on the post-op instruction sheet
  - Work on finger straightening and use a foam ball to work on hand grip/strength

2-4 weeks post-op:

- Keep arm in sling/immobilizer during the day. It's OK to take arm out of sling/immobilizer at night, but try to limit internal rotation. Keep arm out in front of you whenever out of the sling, and do NOT reach arm behind your back.
- Sub-maximal isometrics for rotator cuff in immobilizer (flexion/extension/abduction/adduction/IR/ER)
- Begin chin tucks for cervical ROM
- Passive ROM with ATC or PT supervision (no shoulder pulleys without supervision)
  - Flexion to 60°, extension neutral, abduction to 90°, ER to 45° (arm at side), IR to neutral only (arm at side)
- Begin scapular strengthening
  - Elevation with shrugs, depression/retraction/protraction with manual resistance
- Ice, TENS, cross friction scar massage, other modalities as needed

6 weeks post-op: Most patients will start PT at 6 weeks post op

- Discontinue sling/immobilizer
- Continue therapeutic exercises as above
- Advance ER PROM to full
- Begin light Theraband ER strengthening with elbow at side
- Passive ROM with shoulder pulleys or with wand
  - Flexion to 90° and abduction to full overhead, as tolerated
  - Extension to 30°
  - ER to 45° with arm at side and in 90° of abduction
  - IR to 30° with arm at side and in 90° of abduction
- Begin standing or supine AAROM with wand
- Begin wall walks in forward flexion and abduction
- Moist heat, thermal ultrasound, TENS, other modalities as indicated

6-8 weeks post-op:

- Continue therapeutic exercises as above
- Advance ROM to full as tolerated, except limit IR to 45° both with arm at side and with arm in 90° of abduction
  - Limit IR to 45° until 12 weeks post-op
  - Strive for glenohumeral:scapular movement of 2:1
- Begin UBE
- Begin wall push-ups

- Begin isotonic rotator cuff strengthening (progress weight/resistance as tolerated up to 6-8 lbs)
    - Standing flexion, extension, abduction, and scaption with thumb down (dumbbells or Therabands)
    - Standing IR and ER with Therabands (use pillow under arm to keep 25° abduction)
- Scapular strengthening
    - Elevation with dumbbell shrugs
    - Depression with seated press ups (use hand blocks for greater ROM as tolerated)
    - Retraction with prone dumbbell rows or seated Theraband rows
    - Protraction with supine punches (using dumbbells or manual resistance)
- Neuromuscular control
    - PNF patterns D1 and D2 with no more than 3 lbs

8-10 weeks post-op:

- Continue therapeutic exercises as above
- Continue to advance ROM if needed…
    - …but limit IR to 45° until 12 weeks post-op
- Continue scapular strengthening and standing isotonic rotator cuff strengthening until motion is full
- Begin prone dumbbell strengthening
    - Prone scaption with thumb up and with thumb down
    - Prone horizontal adduction with thumb up and with thumb down
    - Prone extension
- Neuromuscular control
    - Supine dynamic/rhythmic stabilization in 90° flexion and 90° abduction with manual resistance
    - Body blade in 90° flexion and 90° abduction
- Begin isokinetic strengthening with 60° block
    - Speeds of 180°, 150°, 120°, 90°, and 60°/second (8-10 reps at each speed)

10-12 weeks post-op:

- Continue therapeutic exercises as above
- Advance rotator cuff strengthening to 8-10 lbs in all directions
- Continue to advance ROM if needed…but limit IR to 45° until 12 weeks post op
    - At 12 weeks post op, can progress IR to full, with arm at 90° abduction
    - (ER can also be progressed to full if not already there)
- Advance neuromuscular control
    - PNF patterns D1 and D2 with manual resistance
- Standing dynamic/rhythmic stabilization in 90° flexion and 90° abduction with ball against wall and manual resistance
- Continue isokinetic strengthening but advance to 15 reps at each speed

12-14 weeks post-op:

- Continue therapeutic exercises as above
- Advance rotator cuff strengthening to eccentric manual resistance
- Advance neuromuscular control
    - PNF patterns D1 and D2 with manual resistance
- Advance isokinetic strengthening to full ROM
- Begin traditional weight training with machines and progress to free weights as tolerated

14-16 weeks post-op:

- Continue therapeutic exercises as above
- If thrower, begin light tennis ball tossing at 60% velocity for 20-30 feet max
    - Work on mechanics (wind-up, early cocking, late cocking, acceleration, and follow through)
- If thrower, begin isokinetics at higher speeds (240°, 270°, 300°, 330°, 360°/second)

16-24 weeks post-op:

- If thrower, perform isokinetic testing as noted at the end of this protocol (if available)
    - If passes test, begin interval throwing program
    - Must pass test before beginning interval throwing program
    - Re-test monthly until passed
- Continue maintenance strengthening
- Return to sport/activity only if:

- Pass strength test
- Completed throwing program
- No pain with activity
- Surgeon's OK
- No less than 5 months post-op for return to contact sports

Isokinetic Testing Protocol for <u>Throwing</u> Shoulders

- 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%