OLYMPIA ORTHOPAEDIC ASSOCIATES PLLC
Your Life in Motion

POST-OPERATIVE POSTERIOR LABRAL REPAIR PROTOCOL

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The following protocol is intended as a guide for post-operative posterior labral repair rehabilitation. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

Protection Phase

Goals:

1. **Protect healing repair**
2. **Decrease pain and swelling**
3. **Gradually improve PROM within set limits**
4. **Preserve strength of the elbow, wrist and hand**

Post-Op Visit # 1:

1. Dressing change/check surgical wound
2. Pendulums
3. Elbow flexion/extension
4. Wrist flexion/extension
5. Towel/ball squeezes
6. Scapular squeezes

Post-Op Visit # 2:

1. Initiate PROM
2. ER to tolerance in scapular plane
3. IR to 30 degrees in scapular plane
4. Limit forward flexion to 100 degrees
5. Limit abduction to 90 degrees
6. Review HEP

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2 Weeks:

1. Limit forward flexion to 120 degrees
   Limit IR to 30 degrees at 90 degrees of abduction
   Goal of abduction to 120 degrees
   Goal of ER to 65 degrees at 90 degrees of abduction
2. Continue PROM to above limits
3. Initiate bicep & tricep strengthening
4. Continue with HEP

Controlled Strengthening Phase

Goals:

1. **Protect healing repair**
2. **Begin to strengthen periscapular muscles**
3. **Initiate AAROM**
4. **Continue to gradually increase PROM**

4 Weeks

1. Limit forward flexion to 140 degrees
   Limit IR to 35 degrees at 90 degrees of abduction
   Goal of abduction to 120 degrees
   Goal of ER to 90 degrees at 90 degrees of abduction
2. Continue progressive PROM above limits
3. Discharge sling 4-6 weeks per MD
4. Initiate AAROM (i.e. UBE, pulleys, table slides)
5. Progress HEP as appropriate
6. Continue with modalities to decrease pain and swelling
7. Initiate isometric scapular proprioceptive exercises with shoulder in neutral rotation (i.e. core scapular squeezes, low rows, scapular depressions, etc.)

6 Weeks

1. Forward flexion + abduction to 160 degrees
   IR to 40 degrees at 90 degrees of abduction
   ER to tolerance

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2. Initiate manual stretching and joint mobilities within ROM limits, as indicated, avoiding painful stretching
3. Continue with UBE – increase use of affected side
4. Continue with pulleys
5. Progress scapular proprioceptive exercises to PRE (t-band, dumbbell resistance)
6. Initiate scapular proprioceptive exercises with varying degrees of shoulder IR/ER (i.e. robbery)
7. AROM exercises (SL ER, prone flexion, prone horizontal abduction with palm down, flexion in the scapular plane)
8. Stabilization exercises (body blade, WB stabilization exercises, rhythmic stabilization, etc.)

Strengthening Phase

Goals:

1. **Protect repair**
2. **Progress strengthening of scapular muscles; initiate strengthening of rotator cuff muscles**
3. **Progress AAROM to AROM**
4. **Increase PROM**

8 Weeks:

1. Full ROM in all planes, equal to unaffected side
2. Initiate t-band IR/ER
3. Progress SL ER to PRE
4. Continue to progress AROM exercises (prone horizontal abduction with thumb up, UE PNF)

Advanced Strengthening Phase

Goals:

1. **Progress strengthening**
2. **Initiate functional strengthening**
3. **Begin functional training (return to sport or work) when appropriate**

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10 Weeks +

1. Continue with rotator cuff and scapular PREs
2. Progress single arm prone exercises to blackburns
3. Gradually return the patient to pre-morbid activity level

Return to work/sports per MD recommendations. Patient must have full ROM and 5/5 strength in all planes to be considered for return to sports and jobs requiring manual labor/lifting.

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