# Arthroscopic Posterior Labral Repair – Rehabilitation Guidelines

**Surgery Date:_____ Surgeon:_____ Procedure / Tissue Repaired:_____**

**Specific Patient Information: _____**

**□ Standard Protocol □ Non - Standard Protocol Explain: _____**

## PHASE I - Immobilization (0 – 6 weeks)

| GOALS OF PHASE | SPECIFIC TREATMENT INTERVENTION | CRITERIA FOR PROGRESSION TO PHASE II |
|---|---|---|
| **Primary:**<br>• Optimize / Protect healing (capsulolabral) tissue<br>• Decrease Pain and Inflammation<br><br>**Secondary:**<br>• Scapulothoracic Stabilization<br>• Address Kinetic Chain (adjacent joints, posture)<br>• General Health / Wellness<br>**Cautions:**<br>• **No active or passive ROM for first 6 weeks**<br>• **No GH joint strengthening for first 6 weeks**<br>• **No heavy lifting, pushing, pulling or use of affected arm** | **Primary:**<br>• Shoulder immobilized in adducted/neutral rotation position (gunslinger sling)<br>• Out of sling for washing / PT exercises only *(shld maintained in adduction/neutral rotation)*<br><br>• Ice/EPA as needed for pain relief<br>• Advice on sleep/rest/ positions<br><br>**Secondary:**<br><br>***Dosage for all exercises are dictated by pain and patient being able to perform <u>without compensation</u>***<br><br>• Pendular ROM exercises (unweighted; ROM to dinner plate circumference only)<br>o Ensure shld is in slight ER position at all times (i.e. thumb turned out)<br>o ***Avoid combined flexion, adduction & IR position***<br>o May progress by adding scapular retraction<br><br>• Scapular setting exercises in sitting (elevation, retraction, depression)<br>• Shoulder in sling or supported at side in neutral rotation<br>• May progress to sitting on physio ball or standing<br><br>• Wrist / hand / elbow ROM / ball gripping ex. with shoulder in sling or supported at side in neutral rotation<br>• C-spine/T-spine ROM exercises (as directed by PT)<br>• Posture exercises (as directed by PT)<br><br>• CV exercises with shoulder in sling (recumbent stationary bike, walking) | • Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization<br><br>• Pain significantly reduced at rest<br><br>• Patient able to properly set scapula with arms at side |

## PHASE II - Initial Mobilization & Strengthening (6 weeks – 12 weeks)

| GOALS OF PHASE | SPECIFIC TREATMENT INTERVENTION | CRITERIA FOR PROGRESSION TO PHASE III |
|---|---|---|
| **Primary:**<br>• Increase GH joint ROM (Active, Active-Assist)<br>• Improve shoulder girdle neuromuscular strength and control<br>• Protect healing capsulolabral tissue<br>• Minimize shoulder pain<br>**Secondary:**<br>• Increase functional activities (ADL)<br>• Increased integration of kinetic chain (adjacent joints, posture, etc.)<br>• General Health / Wellness<br>**Cautions:**<br>• **Avoid provocative position of GHJ flexion, adduction & IR**<br>• **No passive stretching into adduction & IR**<br>• **No weight bearing through affected arm (i.e. push-ups, planks, etc.) **see note**<br>• **No heavy lifting, pushing, pulling or use of arm beyond ROM listed** | **Primary:**<br>• Immobilization discontinued<br>• Pendular ROM exercises continued from Phase I<br>• AAROM → AROM exercises (avoid combined flexion, adduction & IR position)<br>o Begin with elevation in scapular plane → abduction<br>o ***No stretching beyond AROM limit***<br>***Patient can progress to active ROM when able to move through range without pain and without compensation*<br>• Gentle stretching into (1) flexion, (2) scaption &/or (3) ER allowed at <u>10 weeks if required</u><br>o ***No stretching into IR***<br>• <u>Submaximal</u> GHJ isometric exercises (shoulder in adduction/neutral rotation, elbow bent to 90°)<br>o ER/IR/Abd/Add/Flex/Ext<br>• Progress to submaximal GHJ isometric exercises in varying degrees of range:<br>o ER → 0°, 30°, 60°<br>o Abd → 0°, 30°, 60°<br>o Ext → 0°, 30°<br>o IR→ Only at 0° (neutral)<br>o Flex → Only at 0° & 30°<br>• Isometric → Isotonic strength exercises **(*Patient can progress to isotonic ex when able to do isometric ex without pain and without compensation)**<br>o Avoid long lever exercises - maintain slight elbow bend at all times<br>o Progress to above shoulder height only if patient can control scapula and perform without compensation<br>• Scapular stabilization exercises (elevation/retraction/depression & protraction)<br>o Progress to arms at side, short arc/short lever dynamic movements with resistance (rowing, ball on bed ex.)<br>***All shoulder girdle strength exercises should be performed with <u>Proximal Stability</u> (proper spine posture and stable scapula) and progressed only if patient can maintain this position***<br>• Closed Kinetic Chain exercises (*****May begin at 10 weeks <u>only IF</u> patient can perform with a stable scapula and pain free)***<br>• Partial body-weight first (wide grip wall push-up – arms in scaption)<br>• Progress by increasing weight bearing through U/E<br>• *****Progress slowly and carefully as this directly loads the repaired posterior labrum***<br>• Ice and EPAs as needed for pain relief<br>**Secondary:**<br>• Continue wrist / hand / elbow / spine ROM and posture exercises as required (especially C-spine side flexion & T-spine extension and rotation ROM)<br>• Progress CV exercises (directed by PT)<br>• Educate/advise on appropriate and safe return to ADL activities | • Patient able to actively elevate shoulder to a minimum of 120° of scaption **AROM achieved with minimal to no pain and with proper scapulohumeral rhythm**<br>• Patient able to easily set scapula with arms at side AND maintain with dynamic arm activity (below 90° shoulder elevation)<br>• Patient able to perform prescribed dosage of exercises with good technique/control and without reproducing pain and/or symptoms<br>• Improved strength of shoulder girdle musculature from initial assessment (outcome measure: resisted isometric testing)<br>• Patient reports overall increase in use of affected arm in ADL activities |

## PHASE III – Strengthening & Return to Activity (12 – 24+ weeks)

| GOALS OF PHASE | SPECIFIC TREATMENT INTERVENTION | CRITERIA FOR PROGRESSION TO HOME PROGRAM / RTA |
|---|---|---|
| **Primary:**<br>• Improve and normalize shoulder girdle neuromuscular strength, endurance & proprioception<br>• Full, functional ROM of GH joint and entire U/E kinetic chain<br>**Secondary:**<br>• Full return to all ADLs, work and recreational activities<br>• Protect healing capsulolabral tissue; especially in positions of flexion/adduction/IR<br><br>**Cautions:**<br>• **Stretching of the shoulder into flexion, adduction &/or IR**<br>• **Heavy lifting, pushing, pulling or use of arm**<br>• **Weight bearing through affected arm (i.e. push-ups, planks, etc.)** | **Primary:**<br>• <u>Shoulder Girdle Strengthening</u> (emphasis on scapular stabilizers and rotator cuff)<br>  • Continue with isotonic exercises begun in Phase II → progress from arm at side, to performing exercises at waist level, shoulder level, etc.<br>  • Progress to combined, functional movement patterns vs. isolated movements<br>  • Dosage should reflect strength & endurance goals<br><br>***All exercise progressions based on patient being able to perform prescribed dosage with good technique (ie. scapular control) AND without reproducing pain and/or other symptoms***<br><br>• Functional / U/E Kinetic Chain Exercises (wall washing, ball on the bed or wall, functional movement patterns, PNF patterns)<br>  • Progress dosage, ROM, functional positions, speed, reaction time, L/E challenge<br><br>• Closed Kinetic Chain exercises (***Ensure patient performs with a stable scapula and pain free position)***<br>  • Partial body-weight first (wide grip wall push-up – arms in scaption)<br>  • Progress by increasing weight bearing through U/E, adding perturbations, endurance, functional positions, etc.<br>  • Progress to loading shoulder in flexion position<br>***Progress slowly and carefully as this directly loads the repaired posterior labrum***<br><br>• <u>Range of Motion / Stretching</u><br>  • Continue AROM – focus on combined, functional ROM<br>  • May begin <u>ACTIVE ONLY</u> ROM into flexion, adduction & IR<br>  • May begin <u>careful stretching into IR</u> as required (shoulder in 90° abduction, elbow bent to 90°<br>  ○ ***NO stretching into forward flexion and IR***<br><br>**Secondary:**<br>• Activity-specific exercises to address functional goals for returning to ADL/work/recreational activities<br>  ○ Advise on weight training exercises – <u>slowly progress</u> exercises such as bench press, push-ups and planks that load the repaired posterior shoulder<br>  ○ Avoid pull ups or any hanging exercise that causes a traction effect on the shoulder until the end of Phase III<br>• Advise on maintaining or increasing CV fitness | • Improved strength and endurance of shoulder girdle musculature (compared to beginning of Phase III)<br>• Patient able to demonstrate proper scapular control with dynamic testing (ie. GH joint ROM and/or functional movement pattern)<br><br>• Full, functional GH joint AROM **AROM should be painfree and performed with proper scapulohumeral rhythm**<br><br>• Patient able to use affected arm in ADL activities and has been able to return to work<br><br>• Patient has been able to return to recreational/sport activity (unless restricted by surgeon) |