

# Shoulder Anterior Labral Repair Physical Therapy Protocol

## Key Considerations

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### Surgical Technique and Procedures

- The labrum and capsule are sewn back to the bone using anchors placed in the bone and non-dissolvable sutures. This is done with a small camera called an arthroscope and through tiny incisions so that the rotator cuff and other muscles around the shoulder joint are minimally disrupted. The goal is often to “tighten” the shoulder joint so that there is no future instability, and the intent of the rehab protocol is to allow the shoulder to heal in this “tighter” state initially, and then gradually be stretched out in the later stages of the protocol to a functional level.

### Patient Education

- It is important to take the time initially and throughout the course of rehabilitation with patients to discuss and review important considerations related to their injury. Remember that each patient will present with different post-surgical considerations, pain levels, goals etc. Reviewing this information with the patient and what to expect throughout the rehabilitation is of paramount importance.

### Range of Motion/Sling

- Consistent usage of an immobilizing sling immediately following surgery will help to protect the surgical repair. It is safe to be out of sling only during showers, PT and HEP for the first 4-6 weeks with consideration of protecting all repaired structures from excessive stress. After 4-6 weeks per the surgeon’s exam and protocol, it is safe to disregard usage of the sling.
- For the first 6 weeks, we want to avoid any passive stretching of the shoulder, particularly in the direction of prior instability (i.e. avoid external rotation stretching for anterior shoulder labral repairs)

### Strengthening

- Utilization of gradual muscle activation, proprioception and strengthening will be used in accordance with the protocol outlined below as well as physician guidance per each phase.

**If at any time there are signs of infection (increased swelling, redness, drainage from the incisions, warmth, fever, chills or severe pain that is uncontrolled with the pain medication), please contact us at the office: 214-383-9356.**

## Rehab Milestones and Required Postop Clinical Visits in Office

- Sling wear 0-6 weeks
  - First postop visit 2 weeks
- Early, gentle ROM work 0-8 weeks
  - Second postop visit 6 weeks
- Strengthening begins 6 weeks
- Passive stretching begins 8 weeks
  - Third postop visit 12 weeks
- Return to Sport/Athletics 12-20 weeks
  - Fourth postop visit 20 weeks
- Throwing 20-32 weeks

Typical clearance for return to full contact sports = 6 months postop

## Phase 1: Max Protection Phase (0-6 weeks)

Goals	<ul style="list-style-type: none"> <li>● Pain and swelling control</li> <li>● Protection of repair</li> <li>● Maintain cervical spine, elbow-wrist-hand ROM</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Wear sling at all times, including sleeping, for first 6 weeks. Only times it is ok to remove are during PT, during showers, and when performing home exercises. Ok to d/c during sleep at 1 month postop</li> <li>● All exercises performed to tolerance only</li> <li>● No cardiovascular conditioning other than stationary bike (preferably recumbent) with sling on</li> </ul>
Suggested Exercises	<ul style="list-style-type: none"> <li>● AROM elbow, wrist (gripping exercises, elbow motion/strength with arm in neutral)</li> <li>● AROM Cervical spine</li> <li>● Week 2-4             <ul style="list-style-type: none"> <li>● Begin PROM of shoulder at week 2, limiting supine flexion to 90 degrees, abduction to 60°, external rotation to neutral, extension to 20°</li> </ul> </li> <li>● Week 4-6             <ul style="list-style-type: none"> <li>● Begin AAROM at week 4 (Pulley/rope/T-bar)</li> <li>● Do not push past 140 degrees flexion, 110° abduction, 20° ER, 20° extension</li> </ul> </li> <li>● Pendulums (non-weighted) if patient tolerates (sometimes anterior labral repairs have pain with pendulums, do not perform if pain)</li> <li>● Posterior capsular mobilizations (avoid any stretch of anterior or inferior capsule/extension)</li> <li>● Scapular strengthening and mobilizations in neutral (shrugs, depression, protraction, retraction)</li> <li>● Submaximal isometrics in all planes (ER only to neutral - straight ahead position)</li> <li>● Initiate proprioceptive training at week 3 (rhythmic stabilization drills)</li> <li>● Lower Extremity             <ul style="list-style-type: none"> <li>○ Body weight squats</li> <li>○ Calf raises</li> <li>○ Glute activation (clams, bridges, lateral band walks)</li> <li>○ Single plane lower extremity weight machines</li> </ul> </li> </ul>
Frequency & Duration	<ul style="list-style-type: none"> <li>● 1x/week formal PT             <ul style="list-style-type: none"> <li>● If patient rapidly progresses in ROM and joint kinematics in first 6 weeks, save PT visits for later phases of recovery, we will not skip ahead out of phase 1 before 6 weeks regardless of their clinical progress</li> </ul> </li> <li>● Cryotherapy at least 3x/daily for 20 minutes for first 7-10 days, then at least for 10-15 minutes after every PT session</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Proper tissue healing and function</li> <li>● Minimal pain/swelling</li> <li>● Easy 120 degrees forward flexion, 90 deg abduction</li> </ul>

## Phase 2: Early strengthening and regain ROM (6-12 weeks)

Goals	<ul style="list-style-type: none"> <li>● Gradually restore full ROM</li> <li>● Protection of repair</li> <li>● Early scapular and rotator cuff strengthening with appropriate mechanics</li> <li>● Enhance neuromuscular control</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Ok to discontinue sling at 6 weeks</li> <li>● No passive external rotation stretching until 8 weeks postop at earliest</li> <li>● No maximal muscle contractions</li> <li>● No pushing motions</li> <li>● All exercises remain low to medium velocity</li> <li>● Avoid activities where there is a higher risk for falling or outside forces to be applied</li> </ul>
Suggested Exercises	<ul style="list-style-type: none"> <li>● PROM, AAROM (in scapular plane), AROM all ok, avoid any aggressive ER stretching             <ul style="list-style-type: none"> <li>● Goal is for symmetric ROM in all planes but ER by week 10 (ER should still be a little tight)</li> </ul> </li> <li>● Elbow             <ul style="list-style-type: none"> <li>○ Continue banded wrist and hand exercises</li> </ul> </li> <li>● Shoulder             <ul style="list-style-type: none"> <li>○ Range of Motion                 <ul style="list-style-type: none"> <li>○ L-Bar active-assisted exercises</li> <li>○ Rope and Pulley exercises, Finger ladder exercises</li> </ul> </li> <li>○ Strengthening Exercises                 <ul style="list-style-type: none"> <li>○ Tubing exercises IR/ER at 45 degrees abduction</li> <li>○ Rhythmic stabilization exercises</li> <li>○ Begin PNF activation/patterns</li> <li>○ Initiate isotonic dumbbell program                     <ul style="list-style-type: none"> <li>○ Bicep, tricep push downs</li> <li>○ Latissimus dorsi, rhomboids</li> </ul> </li> <li>○ Scapular strengthening with arm at 0 or 30 degrees abduction                     <ul style="list-style-type: none"> <li>○ Prone rows, extensions</li> <li>○ Prone horizontal abduction without ER</li> </ul> </li> </ul> </li> </ul> </li> <li>● Thoracic             <ul style="list-style-type: none"> <li>○ Scapular activation, shrugs</li> <li>○ Can initiate upper-extremity weight-bearing exercises (hands on bench, table, wall)</li> </ul> </li> <li>● Lower Extremity             <ul style="list-style-type: none"> <li>○ Ok to begin multiplane lower extremity machines (e.g. leg press), avoid any lower body exercises where bilateral upper extremity involvement or lower extremity balance is required</li> </ul> </li> <li>● Manual resistance and perturbation training</li> <li>● Side lying ER, standing series, prone abduction/extension (progress ER strengthening to 90/90 position at week 10)</li> <li>● Ok for cardio work (walking, jogging, stationary bike - no swimming)</li> <li>● Ok for chip/putt golf at 8 weeks</li> </ul>
Frequency & Duration	<ul style="list-style-type: none"> <li>● Frequency of PT visits: formal PT 3x weekly (ok for 2x week if 3x is not possible)</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Pain free full active shoulder flexion and abduction with no scapular dyskinesis</li> <li>● 4/5 MMT for scapular/rotator cuff muscles</li> </ul>

### Phase 3: Advanced/dynamic strengthening (12-18 weeks)

Goals	<ul style="list-style-type: none"> <li>● Maintain full ROM</li> <li>● Restore muscular strength, power, endurance, and balance</li> <li>● Protection of repair</li> <li>● Gradually initiate functional activities</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● No contact, no throwing or overhead sports</li> <li>● All exercises should be gradually progressed - don't lift 20 lbs if you haven't lifted 10 lbs, try not to progress more than 10-20% per week</li> </ul>
Suggested Exercises	<ul style="list-style-type: none"> <li>● Continue to progress resistive exercises (can increase intensity and decrease reps)</li> <li>● Initiate light plyometric activities (starting with 2 hands, progressing to 1 after 2 weeks)</li> <li>● Increase eccentric exercises, speed of exercises, diagonal patterns</li> <li>● Neuromuscular/proprioceptive exercises</li> <li>● Shoulder             <ul style="list-style-type: none"> <li>○ Advance ROM to functional demands of sport</li> <li>○ Dumbbell and medicine ball exercises incorporating rotator cuff usage                 <ul style="list-style-type: none"> <li>● ER bands/tubing exercises at 90 deg abduction</li> </ul> </li> <li>○ Advance dumbbell strengthening program</li> <li>○ Prone exercises (bands, small dumbbells)</li> <li>○ Push up progressions</li> <li>○ Advanced PNF patterns</li> <li>○ Thrower's Ten</li> </ul> </li> <li>● Thoracic             <ul style="list-style-type: none"> <li>○ Medicine ball thoracic rotational forces</li> </ul> </li> <li>● Lower extremities             <ul style="list-style-type: none"> <li>*Lower body training to be performed on off days of rehab.                 <ul style="list-style-type: none"> <li>○ Continue to advance barbell training per PT and physician discretion</li> <li>○ Advanced balance and proprioceptive training</li> </ul> </li> </ul> </li> <li>● Cardio             <ul style="list-style-type: none"> <li>*Advance cardio conditioning to sport specific training per PT and physician discretion                 <ul style="list-style-type: none"> <li>● Sprinting, sleds, ropes</li> </ul> </li> </ul> </li> </ul>
Frequency & Duration	<ul style="list-style-type: none"> <li>● Frequency of PT visits AND frequency/duration limitations: 2x week</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Full, nonpainful ROM (ER within 10-15 degrees compared to nonsurgical side)</li> <li>● Fully symmetric posterior shoulder mobility</li> <li>● 5/5 isometric shoulder MMT, 5/5 scapulothoracic and rotator cuff MMT</li> <li>● Strength 70% or better than nonsurgical side</li> </ul>

### Phase 4: Return to Sport/Throwing (18-26 weeks)

Goals	<ul style="list-style-type: none"> <li>● Enhance strength, power, endurance</li> <li>● Progress functional/sports activities</li> <li>● Maintain shoulder mobility</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Advancing return to sport exercises based on patient comfort and tolerance</li> <li>● Communicate with MD regarding setbacks</li> </ul>
Suggested Exercises	<ul style="list-style-type: none"> <li>○ Thrower's ten</li> <li>○ Plyometric strengthening</li> <li>○ Neuromuscular control drills</li> <li>○ Continue flexibility exercises</li> <li>○ Continue isotonic strengthening program</li> <li>○ Interval return to sports programs (links to throwing/hitting programs online at <a href="http://parkerorthopedics.com">parkerorthopedics.com</a>)</li> </ul>
Frequency & Duration	<ul style="list-style-type: none"> <li>● Frequency of PT visits AND frequency/duration limitations: 1-2x week</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Full painless ROM</li> <li>● Strength equal to nonsurgical shoulder</li> <li>● MD clearance for final return to sport</li> <li>● Golf - Driving range at 4 months (hit all shots off tee - avoid divots), 9 holes at 5 months (all shots off tee), 18 holes at 6 months</li> <li>● Tennis - Ground strokes/volleys at 3 months, second serves ok to begin at 5 months, Full return at 6 months</li> <li>● Baseball/softball - begin interval throwing/hitting program around 4 months when pylometric progression is complete, no mound throwing until 6 months</li> <li>● Volleyball - ok for back row work at 4 months, easy serves and overhead at 5 months, no hard hitting/blocking until 6 months</li> <li>● Football/basketball/soccer - ok for noncontact practice at 4 months when cleared by PT, no full contact until 6 months</li> </ul>

### Return to Sport Schedule

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24														
ROM																																						
Strength																																						
Plyometrics																																						
Throwing																																						
Hitting																																						
Mound																																						