



Orthopaedic Specialists

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## **POST-OPERATIVE POSTERIOR LABRAL REPAIR PROTOCOL**

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
  - a. ER to tolerance in scapular plane
  - b. IR to 30° in scapular plane
  - c. Limit FF to 100°
  - d. Limit abduction to 90°
2. Review HEP

### **2 Weeks**

1. Limit FF to 120°  
Limit IR to 30°@ 90° of Abd  
Goal of abd to 120°  
Goal of ER to 65°@ 90° of Abd
2. Continue PROM to above limits
3. Initiate bicep & tricep strengthening
4. Continue with HEP



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## 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 FF to 140°  
Limit IR to 35° @ 90° of Abd  
Goal of Abd to 120°  
Goal of ER to 90° @ 90° of Abd
2. Continue progressive PROM to above limits
3. D/C 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 scap squeezes, lows rows, scap depressions, etc.)

### 6 Weeks

1. FF + Abd to 160°  
IR to 40° @ 90° of Abd  
ER to tolerance
2. Initiate manual stretching and joint mobs 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 RC muscles**
3. **Progress AAROM to AROM**
4. **Increase PROM**



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## **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**

## **10 Weeks+**

1. Continue with RC 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 recommendation. 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.**