

SHOULDER ARTHROSCOPIC LABRAL REPAIR - POSTERIOR
Physical Therapy & Strength and Conditioning
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PHASE I – Maximum Protection (Weeks 0 to 4)

☐ **Goals**

- ☐ Reduce inflammation
- ☐ Decrease pain
- ☐ Postural education

☐ **Restrictions/Exercise Progression**

- ☐ Gunslinger or Abduction pillow x 4 weeks with arm positioned with midline of the body and the humerus externally rotated to neutral.
- ☐ No GHJ ROM x 4 weeks as determined by physician following ROM check at 4 weeks.
- ☐ Ice and modalities to reduce pain and inflammation.
- ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
- ☐ Active hand and wrist range of motion.
- ☐ Passive elbow flexion.
- ☐ Active shoulder retraction.
- ☐ Encourage walks and low intensity cardiovascular exercise to promote healing.

☐ **Manual Intervention**

- ☐ UT, parascapular STM as needed. Effleurage massage to forearm and upper arm as needed.

PHASE II – Passive Range of Motion (Weeks 4 to 6)

☐ **Goals**

- ☐ Move from gunslinger/abduction pillow into regular sling at 4 weeks post-op.
- ☐ Postural education with cervical spine and neutral scapular positioning.
- ☐ Shoulder flexion to 90° with gradual progression to full in the scapular plane.
- ☐ Full Shoulder external rotation.

☐ **Exercise Progression**

- ☐ Supine flexion using contralateral arm for ROM at least 3x/day.
- ☐ Supine ER using T-bar.
- ☐ DNF and proper postural positioning with shoulder retraction exercises.
- ☐ Cervical ROM.
- ☐ Low intensity cardiovascular work, no running.

☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization when incisions are healed.
- ☐ Grade 1-2 GH mobilizations as needed.
- ☐ ST mobilizations.
- ☐ Gentle sub-maximal therapist directed isometrics to achieve ROM goals.

PHASE III – AROM (Weeks 6 to 8)

☐ **Goals**

- ☐ Discontinue sling as instructed.
- ☐ Full shoulder flexion and external rotation.
- ☐ Begin internal rotation with stick off back.

☐ **Exercise Progression**

- ☐ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
- ☐ Manual perturbations supine with arm in 90° flexion.
- ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- ☐ External rotation on side (no resistance).
- ☐ Cervical ROM as needed to maintain full mobility.
- ☐ DNF and proper postural positioning with all RC/SS exercises.
- ☐ Continue with combined passive and active program to push full flexion and external rotation achieving ROM goals outlined above.
- ☐ Stick off the back progressing to internal rotation gradually introducing thumb up the back.
- ☐ Sub-maximal 6 direction rotator cuff isometrics.
- ☐ Low to moderate cardiovascular work. May add elliptical but no running.

☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization.
- ☐ Graded GH mobilizations. Limit aggressive posterior capsule mobilization.
- ☐ ST mobilizations.
- ☐ Gentle CR/RS to gain ROM.

PHASE IV – Progressive ROM and Strengthening (8-12 weeks)

☐ **Goals**

- ☐ Gradual progression to full P/AROM by week 10-12.
- ☐ Normalize GH/ST arthrokinematics.
- ☐ Activate RC/SS with isometric and isotonic progression.

☐ **Exercise Progression**

- ☐ Continue with combined passive and active program to push full flexion and external rotation.
- ☐ Internal rotation with thumb up back; gradually introducing sleeper stretch as ROM deficits direct.
- ☐ Continue with ceiling punch adding weight as tolerated.
- ☐ Advance intensity of sub-maximal rotator cuff isometrics. May discontinue once isotonic RC/SS program is fully implemented.
- ☐ Advance prone series to include T's and Y's adding resistance as tolerated.
- ☐ Resisted ER in side-lying or with bands.
- ☐ Gym: rows, front lat pulls, biceps and triceps.
- ☐ Scaption; normalize ST arthrokinematics.
- ☐ Supine progressing to standing PNF patterns, adding resistance as tolerated.
- ☐ CKC progression (10 weeks)– Quadruped weight shift with slight elbow flexion. Avoid lock-out position to limit posterior directed force. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position (again, avoiding lock-out position).

☐ **Manual Intervention**

- ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- ☐ CR/RS to gain ROM while respecting repaired tissue.
- ☐ Manual perturbations. PNF patterns.

PHASE V – Advanced Strengthening and Plyometric Drills (12-24 weeks)

☐ **Goals**

- ☐ Gradual progression to full ROM.
- ☐ Normalize GH/ST arthrokinematics.
- ☐ Advance gym strengthening program.
- ☐ Begin RTS progression.
- ☐ Evaluation with physician for clearance to full activity.

☐ **PRE/PSE**

- ☐ Full range of motion all planes – protecting end range 90/90.
- ☐ Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient goals/objectives will determine if strengthening above 90° is appropriate.
- ☐ Advance CKC exercises - ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. May introduce DB pressing and straight bar pressing with light resistance and very gradual increase in loading.
- ☐ Continue to progress RC and scapular strengthening program.
- ☐ Continue with closed chain quadruped perturbations; add open chain as strength permits.
- ☐ Initiate plyometric and rebounder drills as appropriate.
- ☐ RTS testing using microfet dynamometer for interval programs.
- ☐ Follow-up examination with the physician (6 months) for release to full activity.

☐ **Manual Intervention**

- ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- ☐ CR/RS to gain ROM while respecting repaired tissue.
- ☐ Manual perturbations.
- ☐ PNF patterns.

☐ **Criteria for return to play/discharge**

- ☐ ? Full, pain-free ROM.
- ☐ ? Normal GH/ST arthrokinematics.
- ☐ ? >90% MMT using handheld dynamometer.
- ☐ ? Full progression through interval program.
- ☐ ? Anticipated return to play for contact athlete is 6 months.
- ☐ ? Anticipated return to play for throwing athlete, swimmer and volleyball is 6-9 months.