

SHOULDER ARTHROSCOPIC LABRAL REPAIR - Anterior Physical Therapy & Strength and Conditioning

Chad Broering, M.D.

PHASE I – Maximum Protection (Weeks 0 to 2)

Goals

- □ Reduce inflammation
- Decrease pain
- Postural education

□ Restrictions/Exercise Progression

- □ Regular sling x 4 weeks
- □ No GHJ ROM x 2 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 2 to 4)

Goals

- □ Postural education with cervical spine and neutral scapular positioning.
- □ Shoulder flexion to 120° by week 4.
- \Box Shoulder external rotation 30-45° at 45° abduction by week 4.

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.
- □ Graded GH mobilizations as needed.
- □ ST mobilizations.
- □ Gentle sub-maximal therapist directed isometrics to achieve ROM goals.

PHASE III – AROM (Weeks 4 to 6)

Goals

- □ Discontinue sling as instructed.
- \Box Shoulder flexion to 150°+ by week 6.
- □ Shoulder external rotation 45°-60° at 75° abduction. Patient should approach full ROM by week 10.
- □ Internal rotation to belt line.

Exercise Progression

- □ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
- \Box Manual perturbations supine with arm in 90° flexion and ER/IR at 0°.
- □ 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 (no pain).
- □ 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 (6-12 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 and sleeper stretch.
- □ 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, protect end range 90/90.
- □ CKC progression Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. 1/2 to 3/4 ROM protecting the anterior shoulder capsule.
- □ Therapist directed RS and perturbations in quadruped bilateral progressing to unilateral-tri pod 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 with protection at end range 90/90.
- □ 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 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 arthrokinimatics.
- □ >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.