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## ARTHROSCOPIC ANTERIOR LABRAL REPAIR REHABILITATION PROTOCOL

### PHASE 1 – PROTECTIVE/HEALING: 0-6 weeks

#### PRECAUTIONS and ACTIVITY GUIDELINES

- Sling wear required 24 hours/day except for basic grooming, showering and home exercises per PT instruction for 4 weeks, followed by 2 week gradual wean from sling
- **No active use of the operative arm** or movement beyond range restrictions; no heavy lifting even with arm at side
- No stretching beyond PROM restrictions
- **PROM restrictions** (at 30 degrees abduction in scapular plane):

Arm Position	0-3 weeks	3-6 weeks
Elevation in scapular plane	90	120
ER (30 in scapular plane)	30	45
ER (45 in scapular plane)	NA	30 (after week 4)
IR (45 in scapular plane)		As tolerated

- **AVOID ER at 90 degrees abduction** until after 6 weeks
- **Dressings:** should be removed 5 days after surgery (steri-strips left in place)
- No dressing needs to be worn after this time, but band-aids can be used if suture tails are irritated by clothing.
- **Showering:** Ok to shower after dressings removed and let water/soap run over wound
  - No submersion of the wounds (hot tub, bath, pool) until 4 weeks and wound totally healed
- **Driving: not recommended during Phase 1**

#### GOALS

- Protection of surgically repaired tissue (capsule, ligaments, labrum, boney lesion)
- Achieve – NOT TO EXCEED – PROM limits stated above
- Minimize shoulder stiffness, inflammation and pain

- Establish a stable scapula

### **EXERCISES/PT INTERVENTIONS**

- Wrist and elbow AROM (remove sling and use caution not to elevate G-H joint)
- Grip strengthening
- Passive elevation and ER per above restrictions
- Active scapular setting: retraction with depression; scapular clocks
- Supported pendulum
- Posture exercises as needed – eg. Seated active thoracic extension with scapular set
- Aquatic Therapy may begin at 2-4 weeks post op: AROM with shoulder totally submerged within range of motion limits. All motions should be done with correct biomechanics, include: scapular plane elevation, horizontal abduction/adduction, IR/ER at 0°, pendulums.

### **CRITERIA TO PROGRESS TO PHASE II**

- PROM limits attained by week 6 (elevation to 120 degrees and ER neutral to 45 degrees)
  - Minimal to no pain
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## **PHASE 2 – MOTION RECOVERY: (End Phase 1 through week 12)**

### **PRECAUTIONS/ACTIVITY GUIDELINES**

- **Discontinue sling (gradually starting)**
- PROM progressed toward full, slowly without excessive force
- Avoid excessive or forced abduction and external rotation; **avoid ER >90 at 90 abduction**
- Avoid heavy lifting in daily functional use; only use arm for lightweight activity below shoulder level
- No isokinetic strengthening or weight machines
- May begin low impact activity such as jogging in controlled environment, elliptical trainer; lower body weight training (can include leg press machine)

### **GOALS**

- Achieve full glenohumeral PROM by 12 weeks, but not sooner than 8 weeks
- Minimize/resolve any remaining shoulder pain
- Gain proximal glenohumeral stability with progression from active assisted to active

### **EXERCISES/THERAPY INTERVENTIONS**

- PROM progressed slowly in clinic and with home exercise program; include posterior capsule/cuff stretches (cross-body adduction, sleeper stretch, or hand slide up spine)
- Light manual periscapular and cuff strengthening (rhythmic stabilization at 90, IR/ER at 0° and 45°)

- Begin elevation progression from supine to reclined and then upright as able with good biomechanics; modify effort with lever arm short (bent elbow) to long (straight elbow) and with limb support (from cane or opposite UE or hand placement on wall, etc...) to unsupported
- **8-12 WEEKS:**
  - Glenohumeral AROM in biomechanically correct ROM. Should include:
    - Supine serratus “punches”, elevation in the scapular plane, side lying ER, IR/ER with yellow Theraband at 0 of abduction, prone extension to hip with scapular retraction/depression

### **CRITERIA TO PROGRESS TO PHASE III**

- Full AROM in all planes with good biomechanics (normalized scapulohumeral rhythm)
  - Muscle strength 4/5 in rotator cuff and scapular stabilizers
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### **Phase 3- FUNCTIONAL RECOVERY: (end of week 12 through week 24)**

#### **PRECAUTIONS and ACTIVITY GUIDELINES**

- Should be able to use the arm above shoulder level for lightweight activity initially and then progressing to work/sport-specific activities
- Avoid overhead sporting activities until 6 months post surgery date, and at that time only if there is functional motion and strength for the sport/activity in question
- Sports and overhead weight training are generally allowed by the surgeon, with caution, after 6 months.

#### **GOALS**

- Maximize strength of rotator cuff muscles, periscapular muscles, and humeral movers (deltoid, latissimus, and pectoralis)
- Functional progression back to work and/or sports
- Achieve full motion required for sport/work related activity (eg. Greater than 90° ER at 90° abduction in a thrower, tennis player, volleyball hitter, etc.)
  - **AVOID aggressive overstretching of the anterior capsule in the population with hyperlaxity**
- Integration of full kinetic chain for functional activities (eg. Trunk/hip influence on thrower)

#### **EXERCISE/PT INTERVENTIONS**

- Progress isotonic strengthening of rotator cuff, periscapular muscles and humeral movers as tolerated (hand weights, TheraBand, weight machines). Work at 20% of maximal effort with increased repetitions and decreased amount of weight
- Begin and progress functional training (e.g. plyoball, work/sports-related skills) Refer to physician regarding higher levels of function such as throwing, overhead sports, contact sports
- Eccentric RC strengthening using plyoball, deceleration tosses, T-band