



Posterior Labral Repair

Phase I – Immediate Post-Surgical (Week 1-3)

Goals:

- Allow/promote healing of repaired posterior capsule
- Initiate early protected ROM
- Retard muscular atrophy
- Decrease pain and inflammation

Precautions:

- Postoperative immobilizer
- Brace to be worn at all times (even when sleeping) with the exception of exercise activity and bathing
- No overhead activity
- No forward flexion for first 6 weeks

Week 1-3

- Gripping exercises with putty
- Active elbow flexion-extension and pronation-supination
- Active ROM cervical spine
- Passive ROM progressing to active-assisted ROM of GH joint
 - External rotation to 25-30° at 30-45° of abduction
 - Internal rotation to 15-25° at 30-45° of abduction (begin week three)
- Submaximal pain free shoulder isometrics in the plane of the scapula
 - Flexion
 - Abduction
 - Extension
 - External rotation
 - Avoid IR

Phase II – Protection (Week 4-6)

Goals:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain and inflammation

Precautions

- Postoperative immobilizer
- Brace to be worn at all times (even when sleeping) with the exception of exercise activity and bathing
- No overhead activity
- No forward flexion for first 6 weeks

Week 4-6



- Active-assisted exercises of GH joint
 - External rotation in multiple planes of shoulder abduction (up to 90°)
 - Shoulder flexion to tolerance
 - Elevation in the plane of the scapula to tolerance
 - Shoulder abduction (pure) to 90°
 - Internal rotation 35° at 45° of abduction
- Pulleys (AAROM)
 - Shoulder elevation in the plane of the scapula to tolerance
 - Shoulder flexion to tolerance
- Gentle self-capsular stretches as needed/indicated
- Gentle Joint Mobilization (Grades I-II) to Reestablish Normal Arthrokinematics
 - Scapulothoracic joint
 - GH joint (avoid posterior glides)
 - SC joint
 - AC joint
- AROM Exercises
 - Active abduction to 90°
 - Active external rotation to 90°
 - IR to 35°
- Discontinue sling/immobilizer 4-6 weeks post surgery (per physicians instruction)

Phase III – Intermediate Phase (Week 6-12)

Goals:

- Full, nonpainful ROM at week eight (patient will not have full IR at this time)
- Normalize arthrokinematics
- Enhance strength
- Improve neuromuscular control

Week 6-9

- A/AROM to AROM as appropriate
 - External rotation to tolerance
 - Shoulder abduction to tolerance
 - Shoulder flexion to tolerance
 - Pulleys: flexion, abduction, and elevation in the plane of the scapula to tolerance
 - Internal rotation to no more than 40°
- Continue gentle Joint Mobilization (Grades I-II) to Reestablish Normal Arthrokinematics
- Initiate IR isometrics in slight ER (do not perform past neutral)
- Initiate theraband for internal and external rotation at 0° abduction (IR later in the phase)
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder flexion
 - Latissimus dorsi
 - Rhomboids



- Biceps curl
- Triceps kick-out over table
- Push-ups into wall (serratus anterior)

Week 10-12

- Active internal rotation at 90° GH abduction with elbow at 90° flexion
- Dumbbell supraspinatus
- Theraband exercises for rhomboids, latissimus dorsi, biceps, and triceps
- Progressive push-ups

Phase IV – Dynamic Strengthening (Week 13-20)

Goals:

- Enhance strength, power, and endurance
- Enhance neuromuscular control
- Emphasize
 - High-speed/high-energy strengthening exercises
 - Eccentric training
 - Diagonal patterns

Criteria for progression to Phase V

- Full, nonpainful ROM
- No complaints of pain/tenderness
- Strength 70% of contralateral side

Week 13-16

- Continue internal and external rotation theraband exercises at 0° abduction (arm at side)
- Theraband for rhomboids
- Theraband for latissimus dorsi
- Theraband for a biceps and triceps
- Continue dumbbell exercises for supraspinatus and deltoid
- Progressive serratus anterior push-up-anterior flexion
- Continue trunk and lower extremity strengthening and conditioning exercises
- Continue self-capsular stretches

Week 17-20

- Isotonic shoulder strengthening exercises isolating the rotator cuff-including sidelying external rotation, prone arm raises at 0, 90 & 120°, prone external rotation, and internal rotation at 0 & 90°; progress to standing strengthening exercise once able to tolerate resistance against gravity without substitution
- Progress scapulothoracic/upper back musculature strengthening exercises
- Dynamic stabilization exercises
- Proprioceptive Neuromuscular Facilitation (PNF) exercises

Phase V – Return to Full Activity (Week 21+)

Goals:

- Progressively increase activities to prepare patient for unrestricted functional return



Week 21+

- Continue theraband, and dumbbell exercises outlined in phase 3
- Continue ROM exercises
- Continue strengthening exercises for scapular and rotator cuff muscles
- Progress to functional activities needed for ADL's and sport
- Initiate interval programs between weeks 28 and 32 (if applicable)

Criteria to Return to Sport

- Surgeon clearance
- Pain free shoulder function
- Adequate active and passive range of motion necessary for required sport/activity
- Greater than 90% strength as compared to the non-operative shoulder