

Anterior Labral Repair

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

Goals:

- Protect surgical repair
- Decrease pain & inflammation
- Enhance scapular function
- Achieve appropriate range of motion

Precautions:

- Remain in sling, only remove for showering
- Avoid abduction & external rotation activity (to avoid anterior-inferior capsule stress)
- No Passive Range of Motion (PROM) or Active Range of Motion of shoulder (AROM)
- No weight bearing with operative shoulder (no lifting)

Week 1-2

- Sling at all times except showering
- Sleep with sling
- Shower with operative arm held at the side
- Elbow, hand and wrist motion only
- Normalize scapular position, mobility and stability
- Ball squeezes
- Cryotherapy for pain and inflammation

Week 3

- Continue sling wear
- Begin isometrics

Phase II – Protection (Week 4-6)

Goals:

- Gradually restore PROM of shoulder
- Do no overstress healing tissue

Precautions:

- Follow surgeon's specific ROM restrictions (dictated in operative note)
- No AROM or weight bearing

Criteria for progression to the next phase:

- Full flexion and internal rotation PROM
- PROM 30 degrees of external rotation at the side
- Can begin gentle external rotation stretching in the 90/90 position

Week 4-6

- Discontinue sling at 4 weeks
- Pendulums
- Gentle PROM
 - o Full flexion and elevation in the plane of the scapula



- o Full internal rotation
- o External rotation to 30 degrees at 20 degrees of abduction
- o External rotation to 30 degrees at 90 degrees of abduction
- Submaximal, pain-free rotator cuff isometrics in neutral

Phase III – Intermediate (Week 7-8)

Goals:

- Gradually increase passive and active external rotation
- Independence with ADLs
- Enhance strength and endurance

Precautions

- No aggressive ROM or stretching
- No lifting with affected arm
- No strengthening activities that place significant stress across the shoulder in an abducted position with external rotation (i.e. push-ups, pectoralis flys, ect.)

Week 7-8

- Gentle PROM, external rotation to 30-50 degrees at 20 degrees of abduction, to 45 degrees at 90 degrees of abduction
- Begin AROM and progress to full AROM in gravity resisted positions
- Begin implementation of more aggressive posterior capsular stretching
 - o Cross arm stretch
 - Sleeper stretch
 - o Posterior/Inferior glenohumeral joint mobilization
- Enhance pectoralis minor length
- Scapular retraction strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff strengthening (open and closed chain)

Phase IV – Strengthening (Week 9-12)

Goals:

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM
- Normalize muscular strength, stability and endurance
- Gradually progress activities to full function

Precautions:

- Do no stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Week 9-10

- Continue PROM, external rotation to 65 degrees at 20 degrees of abduction, 10 70 degrees at 90 degrees of abduction
- Progress muscular strengthening, stability and endurance

Week 11-12



- Continue stretching and PROM in all planes to tolerance
- Progress muscular strengthening, stability and endurance, progress to full function

Phase V – Return to Activity (Week 13-20)

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

Precautions:

- Do not begin throwing or overhead athletic moves until 4 months post-op
- Weight lifting
 - Avoid wide grip bench press
 - No overhead press
 - No kipping pull-ups
 - o No latissimus pull-downs behind the head

Week 13-16

- Continue progressing stretching and strengthening program
- Can begin generalized upper extremity weight lifting with low weight and high repetitions

Week 17-20

- Continue stretching and strengthening
- Can begin golf, tennis, ect.
- May initiate interval sports program (if applicable)

Criteria to Return to Sport

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Adequate active and passive range of motion necessary for required sport/activity
- Greater than 90% strength as compared to the non-operative shoulder