

Posterior Instability (Labrum) Repair Protocol

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Phase I: (0-2 weeks)

Goals:

- *Protect surgery*
- *Decrease pain and inflammation*
- *Initiate safe ROM while protecting posterior capsule*
- *Patient education*
- *Sling on at all times except during hygiene and gentle exercises.*

Plan:

- PROM limited to 90° of flexion and abduction, avoid IR and horizontal adduction first 2 weeks
- Elbow and wrist ROM, shoulder shrugs, squeeze stress ball as much as possible
- Modalities PRN
- Pendulum and scapular activities
- Light isometric activity
- Light resisted activity to wrist

Phase II: (3/4-6 weeks)

Goals:

- *Decrease pain and inflammation*
- *Plan to wean sling after 5 weeks*
- *Avoid stretch of posterior capsule*
- *Achieve 60-80% of full ROM of flexion, extension and ER*
*****This DOES NOT include adduction/IR*****

Plan:

- Begin increasing forward elevation (flexion in scapular plane) beyond 90° and GH mobility without stressing posterior capsule
- Joint mobilization: avoid aggressive mobs/avoid inferior and posterior; internal rotation directions
- Use caution when performing passive ROM into abduction with ER and IR to not stress healing capsule
- PROM and AAROM
- Aquatic Therapy
- Gentle rotator cuff strengthening (emphasis on posterior cuff and horizontal abductors)
Check with physician on rotation limitations

Phase III: (6-12 weeks)

Goals:

- Weeks 6-8 gentle increase in ROM, then weeks 8-12 progress **gently** as tolerated without stressing posterior capsule with goal of about 80-90% full ROM by 12 weeks.
 - EXCEPT ADDUCTION/INTERNAL ROTATION (very gentle with motion in this direction with NO force, but OK with achieving 80% normal ROM by 12 weeks if not stressing capsule.
- Good scapulo-humeral rhythm
- 75% normal strength by week 12

Plan:

- PROM
 - **NO FORCE IN ADDUCTION/INTERNAL ROTATION
- Joint mobilization
- Begin machine weighted exercise
 - Keep all strengthening exercises before horizontal plane in this phase
- Progressive rotator cuff strengthening
- Resistive exercises for scapular stabilization, biceps, triceps
- Gentle PNF, eccentric cuff strengthening towards end of phase
- Biodex training if requested by M.D.

Phase IV: (12-16 weeks)

Goals:

- Gradual return to full AROM (gentle with adduction, IR – continue NO FORCE)
- Good scapulo-humeral rhythm
- 80-90% normal strength

Plan:

- PROM (full range; IR near full-range):
 - **NO FORCE IN ADDUCTION/INTERNAL ROTATION
- Joint mobilization
- Advance Phase III activities
- Glenohumeral stabilization
- Begin muscle endurance activities
- Cycling/running may begin at 12 weeks

Phase V: (16 – 24+ weeks)

Goals:

- *Maximum ROM (**careful** not to overly stress adduction/IR. May gently increase, but OK to not achieve 100% compared to contralateral – goal is 90%, unless thrower, then may progress carefully)*
- *Increase strength*
- *More aggressive scapular stabilization and eccentric strengthening*
- *Plyometrics, throwing/racquet program*
- *Continue endurance training*
- *Return patient to sport/activity*

Plan:

- Continue with progressive resistive exercises
- Continue with machine weighted program
- Sport Specific Training