TROPICAL MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

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Arthroscopic Anterior Labral Repair

GENERAL GUIDELINES

- Use the cryotherapy cuff continuously for the first 72 hours, then as-needed thereafter.
    - Ensure that the cuff never contacts the skin directly.
    - Apply to the shoulder after performing rehabilitation exercises for first **12 weeks.**
    - If no cryotherapy cuff is provided, use a bag of ice for 20 minutes each hour while awake, separating the bag of ice from skin with a cloth or T-shirt.
- Remove the bandage 72 hours after surgery, but leave the white steri-strips on the skin if present.
- Apply fresh gauze pad or band-aid for the first week after surgery.
- You may shower and get incisions wet after the first postoperative visit with your surgeon.
- **DO NOT** submerge the shoulder under water for 4 weeks.
- The sling is used for both comfort and to protect the repair.
- Wear the sling for the first 4 weeks, removing it for exercises and showers.
- Wear the sling when out of the house for the first 6 weeks
- Protect the shoulder while getting dressed, keeping the arm close to your side
- choose loose, comfortable clothing that is easy to put on and take off
- the operative arm should go in first when putting on a shirt, and should come out last when taking off a shirt
- Schedule a follow-up appointment for 10-14 days after surgery.

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic anterior stabilization procedure. It is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

PHASE I : Weeks 0-3 post-op

Goals:
- Protect the shoulder and minimize inflammation
- Ensure skin healing and initiate early range of motion
-Enhance scapular function

Sling:
- Remain in sling, only removing for showering and elbow/wrist ROM. Shower with arm held at your side.
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- You may type or write in the sling, but no holding or carrying anything heavier than a pen.

Therapeutic Exercises (remove sling to perform 2 times per day):
- *Pendulums*. Start the day after surgery. Bend over at the waist and let the arm dangle. Use your body to generate some momentum for the arm to gently rotate, rather than using the muscles of the operated shoulder/arm. These should also be performed in the shower and is the safest position to wash under the armpit.



- Normalize scapular position, mobility, and stability.
- Ball squeezes

Phase II: Weeks 4-5 post-op

Goals:
- Protect the shoulder and the repair
- Regain shoulder passive motion/Do not overstress healing tissue

Sling:
- Wear the sling full-time, removing only for shower and exercises
- Discontinue sling at home after 4 weeks. Wear sling outside the house 6 weeks.
- May type or write in the sling.
- No holding/carrying anything heavier than a pen/pencil

Therapeutic Exercises (3 times per day):
- Exercises from phase I, Gentle passive flexion in plane of the scapula and internal rotation
- *Adducted external rotation stretching,* to a limit of 30 degrees
- *Active-assisted supine forward elevation*
- *Behind-the-back internal rotation* stretching
- *Scapular retractions*
-Can begin gentle external rotation stretching in the 90/90 position to 30 degrees.

Phase III : Weeks 6-7 post-op

Goals:
- Protect the repair
- Improve range of motion
- Progress to active range of motion while minimizing inflammation
-Independence with ADLs

Sling:
- Discontinue the sling.

Precautions:
- No aggressive ROM/stretching
- No strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)

Activities:
- No lifting or carrying anything heavier than a cup of coffee or can of soda

Therapeutic Exercises (2 times per day):
- All exercises from Phase II
- PROM (gentle), unless otherwise noted by surgeon
  ER to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
- Begin AROM of shoulder and progress to full AROM in gravity resisted positions.
- *Supported active adducted shoulder rotation*.
- *Upright active-assisted forward elevation* (may use pulley for assistance)
- Enhance pectoralis minor length
- Scapular retractor strengthening

Phase IV: Weeks 8-12 post-op

Goals:
- Protect the repair
- Maximize range of motion
- Initiate strengthening

Activities:
- No lifting or carrying anything heavier than 5 lbs

Therapeutic Exercises (2 times per day):
- All exercises from Phase III
- *Cross-body stretch:* Begin implementing more aggressive posterior capsular stretching
  - o Cross arm stretch
  - o Side lying internal rotation stretch
  - o Posterior/inferior gleno-humeral joint mobilization
- *Hands-behind-head stretch*
- *Wall climb and stretch*

- *Theraband* strengthening in all planes
- Continue stretching and PROM
    - o External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon, by 8-10 weeks.

PHASE V: Weeks 12-18 post-op

Additional criteria for advancement to Phase IV:
- Painless range of motion

Goals:
- Protect the repair
- Continue progressing stretching and strengthening program
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.

Activities:
- No restrictions for daily activities.

Therapeutic Exercises (stretching every day, strengthening every other day):
- All exercises from Phase IV
- Stretching in all planes
- Progressive thera-band strengthening
- Initiate weight training with shoulders in adduction (Rows, biceps, triceps)
    - **NO presses, incline, pull downs, or dips**

Phase VI: Weeks 18+ post-op

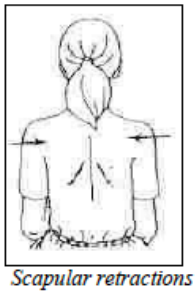
Goals:
- Maximize functional strength

Therapeutic Exercises:
- All exercises from Phase V
- progressive dynamic strengthening
-May initiate interval sports program if appropriate

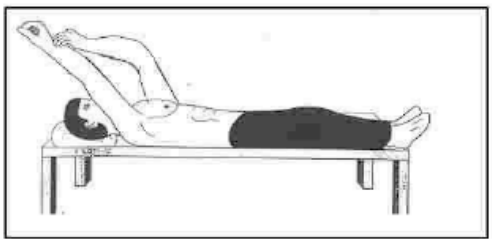
RETURN TO SPORT

- Requires clearance from physician
- Pain free shoulder function without sings of instability
- Sport training/practice once shoulder at 90% of uninvolved side
- Start with 'walk-through' at < 1% of maximum effort
- Increase 10% effort each session as tolerated
- Do not begin throwing, or overhead athletic moves until 4 months post-op
- Weight lifting: Avoid wide grip bench press/No military press or lat pulls behind the head. Be sure to "always see your elbows".
- Goal of return to full participation in contact sports at 7 months

Selected Exercise Diagrams (Phase 2)



Scapular retractions

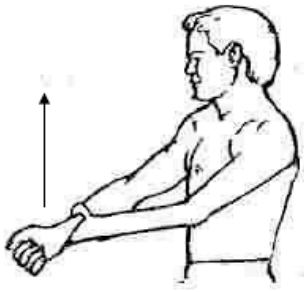


Supine active-assisted forward elevation stretching

Selected Exercise Diagrams (Phase 3)

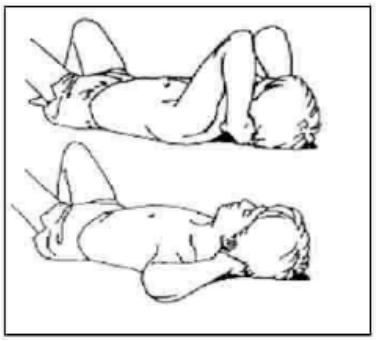


Supported adducted active shoulder rotation



Upright active-assisted forward elevation

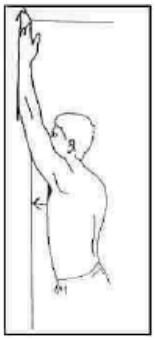
Selected Exercise Diagrams (Phase 4)



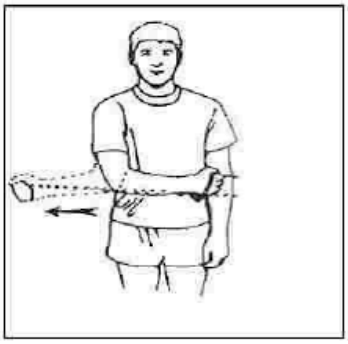
Hands-behind-head stretch
(External rotation stretching in abduction)



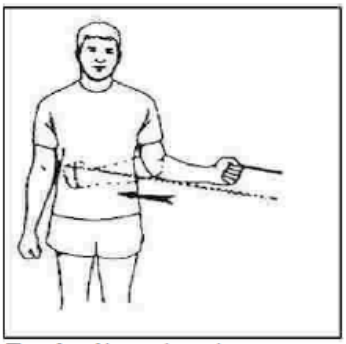
Cross-body stretching



Wall climb



Theraband external rotation



Theraband internal rotation