**Posterior Labral Repair**

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This protocol was developed for patients who have had an arthroscopic repair of a Posterior Labrum tear. The goal of this protocol is to advance range of motion and strength as directed while protecting the repair to ensure optimal healing.

Patients will begin physical therapy after their first post operative visit with the physician. The dressing will have been removed and patients will have been performing pendulums, elbow ROM and gripping with the arm resting in the neutral position as part of their home program.

Primary goals in the early weeks are to stress compliance with their home exercise program, reinforce restrictions, and prevent stiffness and compensation by hiking the shoulder. If ROM begins to progress easily, you may slow progression to protect the repair. If a biceps tenodesis is performed in addition, patients may perform light active biceps ROM, but resisted curls should be avoided for 4 months.

The size of the labral tear is an important factor. Larger tears have a lower healing rate and thus are protected more in the early post-operative period. Symptoms of failed repair can include pain, weakness, instability, and loss of function.

Unless otherwise indicated in the referral, the sling should be worn at all times except to perform home exercises five times a day. The sling should be worn for 6 weeks.

Stretching exercises to regain motion are performed in sets of 5 repetitions, 5 times per day. The exercises are to be initiated at the first therapy visit. All exercises are intended for home rehabilitation.

**Weeks 1-4:**

**Goals**:

* Allow healing of the repaired capsule
* Initiate early protected and restricted range of motion
* Retard muscular atrophy
* Decrease pain/inflammation

**Activities**:

 1. Sling: Use your sling as instructed by your doctor. If you remove the sling, be careful and keep the shoulder safe. The sling must be worn at all times with the exception of exercise activity and bathing. Keep the sling on when sleeping at night for the first four weeks.

2. Use of the operated arm: You may use your hand on the operated arm as long as you do not raise the hand above your head or reach across the front of your body. Also, do not reach your hand behind you as if to tuck in your shirt or to loop your belt. You should bend your arm at the elbow and use your fingers and hand, such as to reach up and touch your face. Keep your elbow in front of you. Do not bear the weight of the body on your arm.

3. Bathing and showering: You may shower or bath and wash the incision area. To wash under the operated arm, bend over at the waist and let the arm passively swing away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise. Do not submerge the incisions under water

**Range of Motion :**

* Pendulum exercises
* Supine forward arm elevation:
	+ Weeks 0 to 4: limit 120°
* No internal rotation
* No horizontal adduction

**Strengthening exercises:**

* Isometric exercises:
	+ Internal and external rotation at neutral
	+ Supine External Rotation flexion, extension and abduction
* Rhythmic stabilization and proprioceptive training drills with physical therapist.
* Ball squeeze exercise.
* No weight bearing exercises or activities

 **Weeks 5-6**

**Goals**:

* Gradual increase in ROM
* Improve strength
* Decrease pain/inflammation
* Protect the labrum repair

**Activities**:

1. Sling: The sling is no longer necessary.

2. Use of the operated arm: You may now carefully use your arm. Avoid having the arm forcefully pulled behind you or across your chest in front of you. Continue to avoid heavy weight lifting or manual labor. Follow any further instructions given to you by your doctor.

3. Precautions: You may use your hand on the operated arm as long as you do not raise the hand above your head or reach across the front of your body. Also, do not reach your hand behind you as if to tuck in your shirt or to loop your belt. You should bend your arm at the elbow and use your fingers and hand, such as to reach up and touch your face. Keep your elbow in front of you. Do not bear the weight of the body on your arm.

 4. Ice: Use ice or cold as necessary 15-20 minutes.

**Range of Motion** :

* Pendulum exercises
* Supine External Rotation
	+ Hands-behind-head stretch
	+ Standing external rotation stretch
* Supine forward flexion: Limit 140º week 6

**Strengthening Exercises**

* Theraband
	+ internal and external rotation: (internal rotation to neutral only)
* Standing forward flexion to 90 °
* Prone row
* Prone extension
* Biceps curl
* Sidelying external rotation

**Weeks 7-12**

**Goals**:

* Protect the shoulder repair
* Regain full range of motion
* Continue gradual strengthening

**Activities**:

1. Use of the operated arm: You may now use your arm in a more normal fashion. You may move the arm into all positions including behind the back if it is comfortable. Avoid having the arm forcefully pulled behind you, pulled across the chest or bearing weight as if doing a push-up. Continue to avoid heavy weight lifting or manual labor. Follow any further instructions given to you by your doctor.

2. Precautions: Do not lift heavy objects overhead with the weight going behind the head. In other words, keep objects in front of you where you can see them.

**Range of Motion** :

* Pendulum exercises
* External rotation @90° abduction stretch
* Wall slide Stretch
* Hands-behind-head stretch
* Standing external rotation stretch
* Standing Forward Flexion
	+ Behind the back internal rotation: starts the 8th week after surgery
* Horizontal adduction stretch: starts the 8th week after surgery

**Strengthening Exercises**

* Theraband
	+ Internal Rotation
	+ External Rotation
	+ Standing Forward Punch
	+ Shoulder Shrug
	+ Dynamic hug
	+ Seated Row
	+ Biceps Curl
* Dynamic
	+ Side-lying External Rotation
	+ Prone Horizontal Arm Raises ‘T’s
	+ Prone scaption ‘Y’
	+ Prone Row
	+ Prone Extension
	+ Standing forward-flexion
	+ Rhythmic Stabilization and proprioception drills

**Weeks 13-20**

**Goals**:

* Protect the repair
* Regain full range of motion
* Continue gradual strengthening
* Gradual return to full activity

**Activities**:

1. Use the operated arm: Normal daily activities, but continue to be cautious to avoid excessive or forceful reaching across the front of the body. Also be cautious when reaching behind your body. Continue to avoid bearing weight as if pushing open a door or doing a pushup.

**Range of Motion** :

* Continue exercises from previous phase
* Pendulum exercises
* External rotation @90° abduction stretch
* Wall slide Stretch
* Hands-behind-head stretch
* Standing external rotation stretch
* Standing Forward Flexion Behind the back internal rotation
* Horizontal adduction stretch
* Sleeper Stretch

**Strengthening Exercises**

* Theraband
	+ Continue exercises from previous phase
* Dynamic
	+ Continue exercises from previous phase
	+ Biceps curls
	+ Resisted forearm supination/pronation
	+ Resisted wrist flexion-extesino
	+ Closed chain exercises
	+ Push-up progression can begin per MD beginning with wall push-up

**Weeks 21-28 and going forward**

**Goals**:

* Progression of functional activities
* Maintain full range of motion
* Continue progressive strengthening

**Activities**:

1. Return to full activities of daily living.

**Range of Motion** :

* Continue exercises from previous phase

**Strengthening Exercises**

* Theraband
	+ Continue exercises from previous phase
* Dynamic
	+ Continue exercises from previous phase
	+ Weight Training
	+ Plyometrics

**Guidelines and Precautions for Returning to Weight Training After Arthroscopic Labrum Repair**

You should not return to training using heavy weights or on weight machines until your doctor determines that it is safe. In general, it is usually safe to return to heavier weight training at three months following labrum repair. Before embarking on a weight-training program, you should have full range of shoulder motion and normal strength in the rotator cuff and scapular muscles. The doctor or a physical therapist will test your motion and strength before you start weight training. When starting your weight-training program, you can start with 3 sets of 15-20 repetitions. Training with high repetition sets ensures that the weights that you are using are not too heavy. NEVER perform any weight training exercise to the point of muscle failure. “Muscle failure” occurs when, in performing a weight training exercise, the muscle is no longer able to provide the energy necessary to contract and move the joint(s) involved in the particular exercise. Joint, muscle and tendon injuries are more likely to occur when muscle failure occurs.

The following weight training exercises should be avoided after labral repair for shoulder instability and superior labrum repairs:

1. Pull downs behind-the-neck (wide-grip)
2. Behind-the-neck shoulder press
3. Wide-grip bench press
4. Standing lateral deltoid raises
5. Triceps press overhead