**Anterior Labral Repair**

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This protocol was developed for patients who have had an arthroscopic repair of an Anterior 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.

###  **Phase I – Immediate Post Surgical Phase (Day 1-14):**

Goals:

* Protect the surgical repair
* Diminish pain and inflammation
* Enhance scapular function
* Achieve appropriate range of motion (ROM)

Precautions:

* Remain in sling, only removing for showering and elbow/wrist ROM
* 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
* No lifting of objects with operative shoulder
* Keep incisions clean and dry

#### **Weeks 1-2:**

* Sling at all times except where indicated above
* PROM/AROM elbow, wrist and hand only
* Normalize scapular position, mobility, and stability
* Ball squeezes
* Sleep with sling supporting operative shoulder
* Shower with arm held at your side
* Cryotherapy for pain and inflammation
* Patient education: posture, joint protection, positioning, hygiene, etc.
* Begin isometrics week 3

### **Phase II – Protection Phase/PROM (Weeks 3- 5):**

Goals:

* Gradually restore PROM of shoulder
* Do not overstress healing tissue

Precautions:

* PROM restrictions- primarily external rotation unless otherwise stated
* No shoulder AROM or lifting

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

**Weeks 3-5**

* Continue use of sling
* PROM (gentle), unless otherwise noted by surgeon
	+ Full flexion and elevation in the plane of the scapula
	+ Full Internal rotation
	+ External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
* Pendulums
* Sub maximal pain free rotator cuff isometrics in neutral
* Continue cryotherapy as needed
* Continue all precautions and joint protection
* No aggressive ROM / stretching
* No lifting with affected arm
* 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.)

##### **Weeks 6 and 7**

* PROM (gentle), unless otherwise noted by surgeon
	+ External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
* Begin AROM of shoulder
	+ Progress to full AROM in gravity resisted positions
* Begin implementing more aggressive posterior capsular stretching
	+ Cross arm stretch
	+ Side lying internal rotation stretch
	+ Posterior/inferior gleno-humeral joint mobilization
* Enhance pectoralis minor length
* Scapular retractor strengthening
* Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
* Continue cryotherapy as necessary

#### **Phase IV - Strengthening Phase (Week 8 – Week 12)**

Goals:

* Continue to increase external rotation PROM gradually
* Maintain full non-painful AROM
* Normalize muscular strength, stability and endurance
* Gradually progressed activities with ultimate return to full functional activities

Precautions:

* Do not stress the anterior capsule with aggressive overhead strengthening
* Avoid contact sports/activities

##### **Weeks 8-10**

* Continue stretching and PROM
	+ External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.
* Progress above strengthening program

##### **Weeks 10-12**

* Continue stretching and PROM
	+ All planes to tolerance.
	+ External rotation motion equal to contralateral extremity.
* Continue strengthening progression program

**Phase V – Return to activity phase (Week 12 - Week 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 military press or lat pulls behind the head. Be sure to “always see your elbows”

##### **Weeks 12-16**

* Continue progressing stretching and strengthening program
* Can begin golf, tennis (no serves until 4 mo.), etc.
* Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.

##### **Weeks 16-20**

* May initiate interval sports program if appropriate

**Criteria to return to sports and recreational activities:**

* Surgeon clearance
* Pain free shoulder function without signs of instability
* Restoration of adequate ROM for desired activity
* Full strength as compared to the non operative shoulder (tested via hand held dynamometry)