



Dr. John Awowale, MD
Posterior Labral Repair (Shoulder)

Phase 1 – Maximum Protection Phase (0-6 weeks)

Goals for Phase 1

- Protect integrity of repair
- Minimize pain and inflammation
- Prevent negative effects of elbow and wrist mobilization
- Activation of scapular stabilizers

Precautions

- pulleys are considered an AAROM exercise and should NOT be utilized in this phase
- No upper extremity ergometer
- No overhead swimming for 16 weeks
- DO NOT reach behind back
- Wear sling at all times for first 6 weeks

Brace

- Wear sling at all times, including while sleeping, except when performing home exercises and physical therapy

Range of Motion

- 0 – 2 weeks: Begin shoulder passive range of motion with pendulums 3x/day
- 2 – 4 weeks:
 - Flexion to 60°
 - Extension to neutral (0°)
 - Abduction to 90°
 - External rotation to 45°
 - Internal Rotation to neutral with arm at side (0°)
- 4 – 6 weeks: Begin gradually progress PROM (limiting internal rotation to 45 degrees)
- Progress Active Assisted ROM – (dowel, wall walks) progress from supine to standing

Strengthening

- Scapular strengthening (shurgs, protraction, retraction, depression)
- Sub maximal shoulder isometrics in all directions (performed in sling)
- Chin tucks
- Wrist and hand active range of motion and isometrics

Aquatics

- May be a candidate for aquatic therapy (to remain below shoulder height)

Modalities

- Vaso pneumatic compression for edema management 2-3x/week
- Cryotherapy at home, 3 x per day for 20 minutes each



Phase 2 – Active ROM and Initial Strengthening Phase (6-12 weeks)

Goals for Phase 2

- Protection of surgical repair
- Minimize pain and inflammation
- Initiate AAROM (internal rotation limited to 45°)
- Restore scapular strength and proprioception

Precautions

- Avoid overhead work activities
- Lifting, pulling, or pushing limited to 10 pounds week 12
- Avoid repetitive motions with shoulder
- Do NOT exercise through shoulder shrug sign

Range of Motion

- Progress shoulder Passive Range of Motion
 - Limit shoulder internal rotation range of motion to 45° for 12 weeks
- Continue PROM exercises in all planes within limitations

Manual Therapy

- Manual joint mobilization (grade 1-2) for pain management or grade 3-4 for excessive capsular tightness
 - Avoid posterior mobilization
- Continue manual scapular and thoracic mobilization as needed

Strengthening

- AAROM exercises with progression to AROM as tolerated
 - Progress from gravity reduced positions to movement against gravity
 - Ex. Table slides, physio-ball on table, wand exercises, UE ranger
- Sub-maximal rhythmic stabilization exercises at 100° of flexion
 - Progress to multi-angle rhythmic stabilization exercises as tolerated
- Initiate sub-maximal isometrics in all planes
- Initiate isotonic strengthening progression for scapular and shoulder musculature
 - Ex. Serratus press outs, prone row, prone extension, prone horizontal extension, external rotation, D1/D2 patterns
- Initiate sub-body weight closed kinetic chain exercise
 - Ex. Quadriped exercises, wall lift offs, wall push ups

Aquatics

- Continue aquatic-based therapy, namely for painful or guarded patients

Modalities

- NMES if needed to promote scapula-humeral rhythm and strength
- Cryotherapy after activity

Criteria for Progression to Phase 3

- Minimal pain with Phase 2 exercises
- Adequate shoulder range of motion
- Demonstrate neuro-dynamic stabilization of the shoulder and appropriate scapulo-humeral rhythm



Phase 3 – Strengthening Focused Phase (12-16 weeks)

Goals for Phase 3

- Progress ROM to 85% total arc of motion of contralateral arm
- Improve stability, strength, and endurance of shoulder and scapular stabilizers

Precautions

- No overhead swimming for 16 weeks
- Lifting restriction of 15 lb until week 14
- Avoid throwing until appropriate criteria are met after week 16

Manual Therapy

- Continue manual joint mobilizations (grade 1-2) for pain management or grade 3-4 for excessive capsular tightness as needed – limit aggressive mobilization of posterior capsule
 - Do NOT aggressively perform mobilization until week 12
- Continue manual scapular and thoracic mobilization as needed

Strengthening

- AROM exercises within full range against gravity
- Multi-angle rhythmic stabilization exercises
- Continue isotonic strengthening for scapular and rotator cuff musculature with emphasis on posterior cuff strengthening
 - Progress from gravity reduced positions to full gravity
 - Progress elevation from below to above shoulder height
 - Progress shoulder IR and ER from 30° to 60° to 90° abduction and from a supported to unsupported condition
- Thrower's Ten Program
- Progress sub-body weight closed kinetic chain exercise
 - Progress to full body weight exercises
 - Progress from stable surfaces to unstable surfaces (foam, physioball, BOSU, etc.)
- Initiate gradual progression of neuromuscular control exercises (ball on wall, body blade, ball flips, plyoback, etc.)

Aquatics

- Continue aquatic-based therapy as needed

Neuromuscular Control

- Initiate gradual progression of neuromuscular control exercises (ball on wall, body blade, ball flips, plyoback, etc.)

Modalities

- Cryotherapy after activity

Criteria for Progression to Phase 4

- Minimal pain with Phase 3 exercises
- AROM 85% total arc of motion of contralateral arm
- MMT \geq 4/5 with shoulder and scapular testing
- Demonstrate neuro-dynamic stabilization of the shoulder and appropriate scapula-humeral rhythm



Phase 4 – Advanced Strengthening and Plyometric Phase (16-24 weeks)

Goals for Phase 4

- Restore shoulder, scapular, and total arm strength, power, and endurance
- Initiate upper extremity plyometrics
- Sport or work specific tasks

Strengthening

- Continue isotonic strengthening with transition to primarily overhead strengthening
- Gradual progression of sub-body weight suspension training exercises (TRX, GTS, assisted chin or dip machine, etc.)
- Initiate traditional weightlifting exercises with emphasis on musculature balance of rotator cuff, back, and chest
- Initiate sport specific interval training programs (throwing, hitting, or lifting) – no earlier than 5 months
- Transition to work specialty program if physical laborer

Neuromuscular Control

- Continue neuromuscular control exercises (ball on wall, body blade, ball flips, bounce-back plyo tosses, hops and lifts, etc.)
- Begin working on activity specific mechanics (throwing positions, hitting positions)
- Light tennis ball toss at short distances -> progress toward interval throwing program after 5 months as criteria are met (see below).

Modalities

- Cryotherapy after activity

***For throwing athletes: perform functional testing. If test is passed begin interval throwing program (no earlier than 5 months). Re-test monthly until passed.**

- Total Rotational Range of motion within 5° of non-throwing shoulder
- Full non-painful Range of Motion
- Prone ball drop test $\geq 100\%$ of non-throwing side
- ER/IR ratio: $\geq 70\%$ on throwing arm with Isokinetic testing
- Throwing shoulder ER $\geq 95\%$ of non-throwing shoulder

Return to Function Testing: Aurora BayCare return to function for the upper extremity protocol to be used

- **Week 24: Return to function testing** per MD approval (appt must be scheduled with Aurora BayCare Sports Medicine department – East Side location to complete testing)
- Criteria: pain-free, full, pain-free shoulder range of motion, DASH $\leq 10\%$ disability, and satisfactory isokinetic strength and functional testing.
- No less than 5 months post-op for return to contact sports



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