

Arthroscopic Shoulder Labral Repair Protocol

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General Principles and Precautions

- **Tendon/Labrum Protection:** The first 6 weeks focus on allowing the labrum to heal to the bone.
- **The "Safe Zone":** All exercises should be performed in the scapular plane (30 degrees anterior to the frontal plane).
- **Specific Restriction:** If a SLAP repair was performed, strictly avoid resisted biceps contraction for the first 6 weeks to prevent the "peel-back" effect on the superior labrum.
- **Lifting Restriction:** No lifting objects heavier than a coffee cup for the first 6 weeks.

Phase I: Protection Phase (Weeks 0–6)

Goals: Protect the surgical repair, minimize pain, and restore gradual passive mobility.

- **Sling Use:** * Continuous wear for the first 4 weeks (including sleep).
 - Wean from the sling between weeks 4 and 6 for light activities at waist level.
- **Range of Motion (Passive to Active-Assisted):**
 - **Weeks 0–2:** Passive Forward Elevation to 90 degrees; Passive External Rotation (ER) in neutral to 0 to 15 degrees.
 - **Weeks 2–4:** Passive Forward Elevation to 120 degrees; Passive ER in neutral to 25 degrees.
 - **Weeks 4–6:** Passive Forward Elevation to 145 degrees; Passive ER in scapular plane to 45 degrees.
 - **Internal Rotation (IR):** Passive IR to the waistline (do not stretch).
- **Exercises:**
 - **Pendulums:** Gentle circles 3 times daily.
 - **Distal AROM:** Active motion of the wrist, hand, and elbow (No resistance).
 - **Scapular Setting:** Squeezing shoulder blades together; shrugs and retractions.
 - **Isometrics:** Submaximal, pain-free isometrics for the deltoid and rotator cuff (Week 4+).

Phase II: Active Motion Phase (Weeks 6–10)

Goals: Restore full active range of motion and initiate light neuromuscular control.

- **Sling:** Discontinue completely.
- **Motion Progression:**
 - **Active ROM:** Achieve full active range of motion in all planes by week 10.
 - **Pulleys and Wand:** Use for Active-Assisted Range of Motion (AAROM) to reach terminal ranges.
 - **Posterior Capsule:** Begin gentle "Sleeper Stretches" or cross-body adduction if IR is limited.
- **Strengthening:**
 - **Rotator Cuff:** Initiate light resistance bands (yellow) for ER and IR.
 - **Scapular Stability:** Initiate rows, serratus "punches," and prone extensions to neutral.
 - **Biceps (SLAP Repair):** Begin light active elbow flexion (no weights) if the biceps anchor was repaired.

Phase III: Initial Strengthening (Weeks 10–16)

Goals: Restore rotator cuff strength and improve dynamic joint stability.

- **Motion Progression:**
 - Achieve full, non-painful active range of motion.
 - Begin stretching into end-range External Rotation at 90 degrees of abduction (the "throwing position").
- **Strengthening (Isotonic):**
 - **Resisted Loading:** Progress resistance bands from yellow to red/green.
 - **Dynamic Stability:** "Rhythmic Stabilization" exercises (therapist-applied perturbations) in varying ranges.
 - **Closed-Chain:** Wall push-ups progressing to "push-up plus."
 - **Eccentrics:** Begin controlled lowering of weights to build tendon resilience.

Phase IV: Advanced Strengthening & Return to Sport (Weeks 16–24+)

Goals: Restore power, achieve 90 percent strength symmetry, and return to athletics.

- **Strengthening Progression:**
 - **Plyometrics:** Medicine ball chest passes and overhead tosses (Week 20+).
 - **Sport Specific:** Initiate "Return to Throwing" or "Return to Hitting" programs as tolerated.
 - **Return to Sport Timeline:**
 - **Golf:** 12 to 16 weeks.
 - **Tennis/Swimming:** 16 to 20 weeks.
 - **Contact Sports (Football/Wrestling):** 6 months, contingent on passing a functional shoulder stability test.
 - **Discharge Criteria:**
 - Strength greater than 80 percent of the uninvolved side.
 - Negative "Apprehension" and "Relocation" tests.
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Clinical Pearls for the Therapist

1. **Avoid Early Abduction/ER:** Do not stretch the patient into the "90/90" position (90 degrees abduction, 90 degrees ER) before week 10, as this puts maximal stress on the labral repair.
2. **Scapular Dyskinesis:** Watch for early shrugging during active elevation. If present, regress the patient to supine or assisted movements to ensure proper mechanics.
3. **Night Pain:** Persistent night pain beyond week 8 may indicate that the patient is progressing too quickly or that there is underlying bicipital or bursal inflammation.