

Aspect of Rehab	Treatment Goal	Intervention
<u>Presurgical Rehabilitation</u>		
Education	Patient understands goals of PT and home exercise program	Team approach with patient, surgeon, physical therapist, family, etc.
Range of motion	Regain Flexion, Internal/Ext Rotation	Table slides, pulleys, joint mobilizations, modalities
Improve strength	Scapular stabilizers/deltoid/core	Scapular retraction/shrugs/isometrics
Pain	Minimal to none prior to surgery	Ice, Tylenol, avoid painful activities
<u>Early Postoperative Phase (week 0 to 6)</u>		
PT	Usually begins after 2- 3 weeks	Ice, Tylenol, anti-inflammatories as needed
Sling usage	Full time for 4 weeks (labrum/Bankart) Full time for 6 weeks (SLAP/Remplissage)	Remove only for exercises, bathing/showers Begin cuff/deltoid isometrics at 2 weeks
Passive ROM only	NO ACTIVE RANGE OF MOTION	Pendulums (12 inch circles, begin Day 3)
PROM limits	Early protection of repair No flexion/scaption over 90° for 4 weeks No ER over 30° for 4 weeks	Pendulums only for 0-2 weeks No flexion over 90 for 6 weeks if remplissage May progress earlier for throwing arm
PT interventions	Pain relief, control inflammation Joint Mobility	Patient education in posture, joint protection Ultrasound, cryotherapy, e stim Posterior capsule mobilization after 2 weeks Ant/Post/Inferior glides after 4 weeks
Specific exercises	0-2 weeks 2-4 weeks 4-6 weeks	Elbow/wrist ROM, pendulums, shrugs Supine flexion/ER within limits, table slides, scapula Seated PROM in all planes within limits Supine Active Assisted flexion within limits
Precautions	Protect Bicep if SLAP repair Avoid overstressing repair	No active elbow flexion for 6 weeks for SLAP No internal rotation behind the back No excessive stretching or sudden movements

Protection and Strengthening Phase (Week 6 to 10)

Pain control	Transition out of sling	Moist heat pre therapy/ ice after PT, modalities
Range of Motion	Increase function and ROM	Continue PROM and AAROM exercise Initiate active ROM week 6 AROM with gentle terminal stretch after 8 weeks
Strengthening	Initiate light strengthening	Initiate prone rows, shoulder isometrics Begin slow Active ROM in all planes
	Delay strengthening (SLAP repair)	Delay biceps strengthening until 8 weeks

Intermediate Strengthening (Week 11-12)

Goals	Normal AROM prior to progression Able to elevate arm with scapular hiking	Continue stretching and ROM exercises Continue glenohumeral joint exercises
Strengthening	Progress strengthening program	ER/IR with Therabands/tubing Full can in scapular plane Prone extension/rows/extension Standing forward punch
Instruction	Educate patient in home exercise program	

Advanced Strengthening/Return to Activity/Sports (Months 3-6+)

Early (Week 12-16)	Normal ROM by 3 months SLAP Repairs	Continue cuff strengthening/dynamic stabilization Expect slower progression of strength gains
Middle (Week 16+)	Begin light weight training	No overhead lifting, keep hands in front of head May begin yoga/plank activities
Late (Week 20+)	Gradual return to activities Throwing arm	Encourage daily home exercises/stretching Begin interval throwing program
Return to Activity	Labrum repair Throwing arm	Expect max improvement at 4-6 months Contact sports at 5-6 months May take 12-18 months for full recovery

NOTES: These clinical guidelines may be modified to meet the needs of specific patients. The operative note will give details of the repair. Older patients or revision cases may be more prone to stiffness. The majority of labrum re-tears occur in the first 3 months after surgery so please follow the guidelines or call with questions.