

## Physical Therapy Protocol: Arthroscopic Anterior Labral Repair with Remplissage

### Phase 1: Weeks 0 through 6 – Repair Protection

**Physician Goals:** Protect the anterior labral repair and remplissage, which are at their most vulnerable during this time; decrease pain; prevent significant stiffness

**Exercises:** Active elbow, wrist, and hand range of motion 3 to 5 times per day; otherwise no shoulder range of motion for the first two weeks - NO pendulums or passive shoulder stretching. Beginning 2 weeks after surgery – begin passive supine forward elevation in the plane of the scapula to 90° maximum, external rotation with the arm at the side to 30° maximum. Deltoid and rotator cuff isometrics in neutral rotation. No active shoulder ER (to protect remplissage).

**Comments:** Sling with abduction pillow is to be worn at all times, including sleep, except when doing PT/home exercises or showering. Driving not recommended until sling is discontinued.

**Total Visits:** 12 – Once to twice per week with daily home stretching starting 2 weeks after surgery

### Phase 2: Weeks 6 through 12 – Motion Recovery

**Physician Goals:** Continue to protect the anterior labral repair which is still not yet fully healed; regain normal range of motion; continue to avoid abduction and external rotation

**Exercises:** Passive stretching in all planes except internal rotation (no sleeper stretch, or cross body adduction to stretch posterior capsule – this stresses the remplissage) until full passive motion is regained; once full PROM, then begin active assisted ROM and transition to full active ROM as tolerated; supraspinatus and subscapularis isometrics with the arm at the side, upper body ergometer; begin strengthening scapular stabilizers, OK for active shoulder ER without resistance

**Comments:** Wean from sling after 6 week follow up visit; no lifting anything heavier than a cup of coffee; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training

**Total Visits:** 18 – Two to three times per week with daily home stretching

### Phase 3: Weeks 12 through 24+ – Strength Recovery

**Physician Goals:** Regain normal function of the shoulder beginning with activities of daily living and progressing to all activities without restrictions

**Exercises:** Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, OK to stretch posterior capsule at this point (sleeper stretch, cross body adduction), continue strengthening scapular stabilizers, progress resistance work in all planes with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; two hand plyometrics beginning at 4.5 months postop, transition to one as tolerated

**Comments:** Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; Golfers may begin putting at 6 weeks, chipping at 3 months and progress to full golf by 4.5 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 6 months, contact sports at 6 months

**Total Visits:** 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT