

Physical Therapy Protocol: Arthroscopic Anterior Labral Repair

Phase 1: Weeks 0 through 6 – Repair Protection

Physician Goals: Protect the anterior labral repair, which is at its 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.

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 until full passive motion is regained; once full PROM, then begin active assisted ROM and transition to full active ROM as tolerated; cuff isometrics with the arm at the side, upper body ergometer; begin strengthening scapular stabilizers

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, continue strengthening scapular stabilizers, progress resistance work 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 3 months, chipping at 4.5 months and progress to full golf by 6 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