Anterior Labral Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

NOTE: Caution must be applied in placing undue stress on the anterior joint capsule as dynamic joint stability is restored. This protocol will be used for Bankart repairs, SLAP lesions, and any other anterior Labral tears.

PHASE I: (Immediate)

Week 1

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education
3. Pulsed, low-frequency Ultrasound as needed for pain and inflammation

ROM-
1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes
2. Passive Shoulder ROM only
    a. Flexion to 90°, Abduction to 60°
    b. Extension to 0°
    c. IR/ER stretching to be performed from 0 to 30° of abduction
        i. IR to full as tolerated
        ii. ER to 0°

Exercises-
1. Active wrist, forearm, and elbow exercises, all planes
2. Hand gripping exercises
3. Isometrics (Sub-maximal, sub-painful)
    a. Wrist, Elbow, Forearm
    b. NO Isometric elbow flexion for SLAP lesions

Week 2 – 4

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education
3. Pulsed, low-frequency Ultrasound as needed for pain and inflammation

ROM-
1. Passive and Active-Assistive Shoulder ROM exercises as follows:
    a. Flexion to full as tolerated
    b. Extension to 0˚
    c. Abduction to 90˚
    d. IR/ER stretching to be performed from 0 to 30˚ of abduction
        i. IR to full as tolerated
        ii. ER to 20˚

Exercises-
1. Progress to resistive exercises for Wrist, Forearm, and Elbow
    a. NO resisted elbow flexion for SLAP lesions until WEEK 7
2. Pendulum
3. Overhead Pulleys / Table slides within ROM restrictions
4. AAROM w/ dowel rod within shoulder ROM restrictions
5. Shoulder Isometrics (Sub-maximal, Sub-painful)
    a. Flexion, extension, abduction, adduction
    b. NO Internal or External Rotation

PHASE II (Intermediate)

Week 5 – 6

Orthotics-
1. May gradually discontinue use of shoulder sling as tolerated

Modalities (PRN)-
1. Continue modalities as needed

ROM-
1. Passive and Active ROM exercises as follows:
    a. Flexion, Extension, Abduction, and Internal Rotation to full
    b. ER to 45˚ from 0 to 30˚ Abduction

Exercises-
1. Continue Phase I exercises as tolerated
2. Initiate Isometric Internal Rotation/External Rotation
3. Scapulo-thoracic strengthening as tolerated
4. Progress to active exercises within shoulder ROM restrictions
    a. May add resistance as patients reach full, non-painful ROM
    b. NO resisted rotator cuff strengthening

Week 7 – 9

Modalities (PRN)-
1. Continue modalities as needed

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ROM-
1. Gradually progress External Rotation ROM
2. Progress to / maintain full Active and Passive shoulder ROM in all other planes

Exercises-
1. Continue to progress previous exercises as tolerated
2. Progress to resisted Rotator Cuff strengthening at 0˚ to 60˚ of abduction as tolerated
    a. Avoid excessive External Rotation
3. SLAP lesions may progress to resisted elbow flexion
4. Upper Extremity Cycle

PHASE III (Strengthening)

Week 10 – 15

Modalities (PRN)-
1. Continue modalities as needed

ROM-
1. Maintain full active and passive ROM in all planes
2. Progress ER to full ROM
3. May progress to ER at 90˚ of Abduction

Exercises-
1. Progress Phase II exercises as tolerated
2. May initiate more aggressive strengthening of the shoulder musculature
    a. Weight stations, free weights, etc
3. Isokinetics for Internal and External Rotation
    a. 300 to 360 degrees per second initially
    b. May progress to 180 to 300 degrees per second as tolerated
4. Rotator Cuff strengthening to progress to 90˚ of abduction position
5. Throwing athletes should initiate Throwing Athlete Exercise Program

PHASE IV (Advanced Strengthening)

Week 16 – 19

Modalities (PRN)-
1. Continue modalities only as needed

Exercises-
1. Isokinetic Test at 180, 240, and 300 degrees per second for MD review.
    a. Non-throwing athletes may return to full sports activities at this time per MD
    b. Throwing athletes may initiate Interval Throwing Program
2. Light Upper extremity Plyometrics
3. Functional activities including lifting and return to work activities

Week 20+

Exercises-

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1. Isokinetic Test at 180, 240, and 300 degrees per second for MD review. General goal for full release to sport activity is 85% strength compared to uninvolved limb.