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Arthroscopic Posterior Labral Repair

Post-operatively you will be placed in a sling that maintains your arm in neutral rotation. On post-operative day #1 you will see a TMI physical therapist in Dr. Robertson's office and begin a rehabilitation program. Shoulder surgery can be painful. You may have to sleep in a semi-erect position or in a recliner for several days. A pillow behind the operative shoulder and elbow can often provide relief. Typically, you may not remove the sling to drive for four weeks.

Postoperative Phase I (Weeks 0 to 2)

Goals

- Protect surgical repair
- Diminish pain and inflammation
- Gradually increase shoulder motion

Precautions

- Maintain sling immobilization when not performing therapy exercises
- On the first day after surgery, you may remove the sling several times per day to perform elbow and wrist range of motion.
- Perform small radius pendulums exercises several times per day.
- Limit forward flexion to 120° for the 1st 4 weeks.
- **Do not** raise your hand on the operated arm or reach across your body. Also, **do not** reach your hand behind your back (as if you were tucking in your shirt).

General Principles

- Weight-bearing status: NWB
- Cryotherapy: Polar care or ice used for first week and then as needed
- Sling: at all times except for therapy exercises unless specified by the surgeon

Treatment Plan

- Education: sleeping postures, activity modifications
- Cryotherapy

- Pendulum exercises
- Isometric cuff exercises with arm in neutral
- Passive FF and Abd, Active Assisted ER, Limit IR

Postoperative Phase II (Weeks 3 to 4)

Goals

- Allow healing of repaired capsule
- Diminish pain and inflammation
- Initiate early protected range of motion
- Retard muscular atrophy

Precautions

- Limit forward flexion to 120° for the 1st 4 weeks after surgery.
- Continue sling immobilization for the first 4 weeks post-op
- **Do not** raise your hand on the operated arm or reach across your body. Also, **do not** reach your hand behind your back (as if you were tucking in your shirt).

Treatment Plan

- Continue exercises from phase I
- Progress ROM as follows:
 - Supine External Rotation
 - Supine forward flexion in scaption 0-120° for weeks 0 – 4.
 - No Internal Rotation
 - No horizontal adduction
- Discontinue sling as directed by physician (typically after 4 wks)
- Strengthening Exercises
 - Continue **Isometric** exercises:
 - Internal and external rotation at neutral
 - Forward flexion, extension and abduction
 - Ball squeezes
 - No weight bearing or band exercises.

Postoperative Phase III (Weeks 4 to 8 after surgery)

Goals

- Gradually increase range of motion
- Eliminate/minimize pain and inflammation
- Improve strength
- Protect the labral repair

Precautions

- Monitor activity level

- Limit forward flexion
- **Do not** raise your hand on the operated arm or reach across your body. Also, **do not** reach your hand behind your back (as if you were tucking in your shirt).

Treatment Plan

- Continue cryotherapy/ice as needed for 15 minutes
- Progress ROM as follows:
 - Pendulums
 - Supine External Rotation
 - Hands behind head stretch
 - Standing external rotation stretch
 - Supine forward flexion in scaption:
 - Limit **0-140°** for week 6.
 - No Internal Rotation
 - No horizontal adduction
- Strengthening Exercises
 - Theraband internal and external rotation at 4 weeks:
 - (Internal rotation to neutral only)
 - Forward flexion, extension and abduction
 - Standing forward flexion to 90° in scaption
 - Prone row
 - Prone extension
 - Biceps curls
 - Side lying external rotation
 - Rhythmic stabilization and proprioceptive drills with physical therapist

Postoperative Phase IV (Weeks 8 to 12)

Goals

- Protect the labral repair
- Regain full range of motion
- Continue gradual strengthening

Precautions

- You may use the operative arm in a more normal fashion. You may move the arm into all positions, including behind you, if it is comfortable to do so.
- **Avoid the following:**
 - Having the arm forcefully pulled behind you
 - Having the arm forcefully pulled across your chest

Treatment Plan

- Progress ROM as follows:
 - Pendulums

- External rotation at 90° of abduction stretch
- Wall slide stretch
- Hands behind head stretch
- Standing external rotation stretch
- Standing forward flexion
- Behind the back internal rotation: **starts after the 8th week after surgery**
- Horizontal adduction stretch: **starts after the 8th week after surgery**
- Theraband Exercises:
 - External rotation
 - Internal rotation
 - Standing forward punch: **starts after the 8th week after surgery**
 - Shoulder shrug
 - Dynamic hug: **starts after the 8th week after surgery**
 - “W”s
 - Seated Row
 - Biceps Curl
- Dynamic Strengthening
 - Side-lying ER
 - Prone Horizontal Arm Raises “T”s
 - Prone scaption “Y”s
 - Prone row
 - Prone extension
 - Standing forward flexion “full can” exercise
 - Rhythmic stabilization and proprioceptive drills with physical therapist

Postoperative Phase V (Weeks 13 to 20)

Goals

- Protect the labral repair
- Regain full range of motion
- Continue strengthening
- Gradual return to full activity

Precautions

- You may use the operative arm in a more normal fashion. You may move the arm into all positions, including behind you, if it is comfortable to do so.
- **Cautious to prevent the following:**
 - Having the arm forcefully pulled behind you
 - Having the arm forcefully pulled across your chest
 - Avoid doing a push-up or these type activities

Treatment Plan

- Progress ROM as follows:
 - Pendulums
 - External rotation at 90° of abduction stretch
 - Wall slide stretch
 - Hands behind head stretch
 - Standing external rotation stretch
 - Standing forward flexion
 - Behind the back internal rotation
 - Supine cross-body stretch
 - Side lying internal rotation (sleeper) stretch

- Theraband Exercises:
 - Continue exercises from phase IV
 - External rotation at 90°
 - Internal rotation at 90°
 - Standing “T”s
 - Diagonal up
 - Diagonal down

- Dynamic Strengthening
 - Continue exercises from phase IV
 - Biceps curls
 - Resisted forearm supination and pronation
 - Resisted wrist flexion and extension
 - Push-up progression – (per MD) beginning with wall push-ups
 - *Weight training may begin
 - (*Weight training guidelines. Must have full ROM and normal strength in the rotator cuff and scapular muscles. Never weight train to “muscle failure”. Start with 3 sets of 15-20 repetitions. In general, avoid increasing weight by more than 10-15% every 10-14 days with the expectation that it will take 3 to 6 months before for you gradually progress to your top form.)
 - May progress closed chain exercises
 - Ball on wall
 - **Pushup on unstable surface may begin at 20 weeks**

- Machine resistance strengthening (limited ROM)
 - Front pull downs
 - Seated rows
 - **Seated bench press: may begin at 16 weeks**

Postoperative Phase VI (Weeks 21 to 28 and onward)

Goals

- Progression to functional activities
- Maintain full range of motion

- Continue progressive strengthening

Treatment Plan

- Range of motion
 - Continue all exercises from phase V
- Theraband Exercises:
 - Continue exercises from phase V
- Dynamic Strengthening
 - Continue exercises from phase V
- Plyometric Program
 - Rebounder throws with arm at side
 - Wall dribbles overhead
 - Rebounder throwing/weighted ball
 - Deceleration drills with weighted ball
 - Wall dribbles at 90°
 - Wall dribble circles
- Weight Training
 - See weight training instructions above
 - Progress per MDs instructions

Interval Sport Programs (Weeks 24 to 32)

See individualized return to sport program (i.e. throwing, swimming, tennis, golf)