



**Central Indiana Orthopedics**

INVESTED IN KEEPING YOU ACTIVE

**Brian E. Camilleri, DO**

2610 Enterprise Dr  
Anderson, IN 46013  
Phone: (765) 683-4400  
Fax: (765) 642-7903  
[www.ciocenter.com](http://www.ciocenter.com)

## **POSTERIOR LABRUM REPAIR REHABILITATION PROTOCOL**

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a labral repair or capsulorrhaphy of the posterior shoulder. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.



PHASE I	Immediate Post-Op	-	3 Weeks Post-Op
---------	-------------------	---	-----------------

## 1. Objectives:

- Protect the shoulder repair.
- Decrease post-op pain and swelling.
- Reduce the effects of immobilization.
- Educate patient on rehabilitation progression.

## 2. External Rotation Sling:

- Worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Patient to be taught proper removal and reapplication of sling.
- Continue Ext. Rot. Sling for 4-6 weeks including during sleep.

## 3. Therapeutic Exercises:

- Ice after exercise program x 15 min.
- Week 0 – 2:
  - Pendulum shoulder ROM exercise.
  - Begin shoulder shrugs.
  - Maintain wrist / elbow ROM.
- Week 2 – 3:
  - Continue Pendulum shoulder ROM exercises.
  - Begin GENTLE Active Assisted ROM exercises (i.e. pulleys, wall crawls, and cane exercises) to 45° Forward Elevation, 45° Abduction and 30° External Rotation (**NO Cross-arm Adduction or Internal Rotation**) (**NO Forceful Passive ROM**).
  - Begin Manual scapular mobilization.
  - Begin peri-scapular muscle strengthening: postural work, scapular retraction, protraction, elevation and depression.
  - Begin Isometric shoulder strengthening exercises for Forward Elevation, Abduction, Adduction, and Internal Rotation (**NO resisted External Rotation**).
  - Triceps / biceps strengthening in neutral.
  - Continue wrist / elbow ROM.

## 4. Functional Milestone:

- Proper removal and reapplication of sling.
- No pain with pendulum exercises.

## 5. Advancement Criteria for Phase II:

- ✓ ROM: 45° Forward Elevation, 45° Abduction and 30° External Rotation.
- ✓ No active signs of inflammation.
- ✓ No use of narcotic pain medications.



## PHASE II

3 Weeks Post-Op

-

6 Weeks Post-Op

### 1. Objectives:

- Protect the shoulder repair.
- Increase shoulder ROM with Active Assisted and Passive ROM exercises.
- Begin general Activities of Daily Living (ADL's) (i.e. feeding, bathing, and dressing).
- Return to work: light duties (desk duties).

### 2. ER Sling:

- Continue Ext. Rot. Sling for 4-6 weeks. Discontinue only as directed by surgeon.

### 3. Therapeutic Exercises:

- Ice after exercise program x 15 min.
- Week 3 – 4:
  - Continue Pendulum shoulder ROM exercise as needed.
  - Continue GENTLE Active Assisted ROM exercises to 90° Forward Elevation, 90° Abduction and 45° External Rotation (**NO Cross-arm Adduction or Internal Rotation**) (**NO Forceful Passive ROM**).
  - Continue Manual scapular mobilization.
  - Continue Isometric strengthening exercises for Forward Elevation, Abduction, Adduction, and Internal Rotation (**NO** resisted External Rotation).
  - Continue scapular stabilization exercises and progress as able.
  - May use Recumbant stationary bike to maintain general fitness (Arm **MUST** be kept in sling... **ABSOLUTELY NO** weight bearing through arm).
- Week 4 – 6:
  - Progress Active Assisted ROM exercises to full Forward Elevation, Full Abduction and Full External Rotation (**NO Cross-arm Adduction or Internal Rotation**).
  - Continue Manual scapular mobilization as needed.
  - Begin GENTLE Passive ROM exercises (**NO Cross-arm Adduction or Internal Rotation**).
  - Continue Isometric exercises for all planes in Arthroscopic Repairs (**NO** resisted External Rotation up to week 6 in Open Repairs).
  - Continue to use Recumbant stationary bike to maintain general fitness (Arm **MUST** be kept in sling... **NO** weight bearing through arm).

### 4. Functional Milestone:

- Progressive increase in ROM.
- Full use of shoulder for ADL's (out of sling) without pain or instability.
- Light (non-manual) occupational duties (i.e. desk work).

### 5. Advancement Criteria for Phase III:

- ✓ ROM: Full Forward Elevation, Full Abduction, and Full External Rotation.
- ✓ Strength: Grade 3 to 4 / 5 isometric in Forward Elevation, Abduction, and Internal Rotation





## PHASE III

6 Weeks Post-Op

-

12 Weeks Post-Op

### 1. Objectives:

- Achieve full ROM in Forward Elevation, Abduction, External Rotation and Adduction
- Achieve 85 – 95% ROM in Internal Rotation
- Increase shoulder strength
- Begin cross-training to maintain general fitness
- Return to work: modified duties (avoid heavy lifting and overhead activity).

### 2. ER Sling:

- Discontinued as directed by surgeon

### 3. Therapeutic Exercises:

- Week 6 – 9:
  - Begin Active Assisted ROM exercises for Internal Rotation, slowly progressing to Active ROM.
  - Continue Passive / Active Assisted / Active ROM exercises in all other planes as needed to achieve Full ROM (**NO Cross-arm Adduction**).
  - Begin Manual Glenohumeral mobilization. Continue Scapular mobilization as needed.
  - Begin Theraband strengthening exercises in all planes for Arthroscopic Repairs.
  - Begin Isometric exercises for External Rotation in Open Repairs.
  - May begin low demand aquatic shoulder therapy.
  - Continue to use Recumbant stationary bike to maintain general fitness (**NO** weight bearing through arm).
  - May begin running at 8 weeks to maintain general fitness.
- Week 9 - 12:
  - Continue ROM exercises as needed to achieve Full ROM (**NO Cross-arm Adduction**).
  - Begin Theraband exercises for Internal Rotation and Adduction (Avoid **Cross-arm Adduction** position).
  - Progress to Weight Training Equipment for strengthening exercises for all planes (**NO** “push-up” support position or Bench Press). Increase repetitions before increasing weight (↑ endurance > ↑ strength).
  - Continue running for general fitness.

### 4. Functional Milestone:

- Full use of shoulder for all general activity without pain or instability.
- Light bimanual or modified occupational duties.
- May begin running at 8 weeks.
- Driving automatic vehicle at 8 weeks.
- Driving standard / manual vehicle with involved arm at 10 weeks.

### 5. Advancement Criteria for Phase IV:

- ✓ ROM: Full
- ✓ Strength: Grade 4 to 5 / 5 strength (isotonic) in all planes
- ✓ Perform all ROM and Strengthening exercises without pain or instability



PHASE IV	3 Months Post-Op	-	6 Months Post-Op
----------	------------------	---	------------------

## 1. Objectives:

- Increase shoulder strength.
- Progressive return to sport and high-level activity.
- Return to work: for manual and overhead occupations.
- Patient education regarding possible restrictions / limitations.

## 2. Sling:

## 3. Therapeutic Exercises:

- Months 3 – 4:
  - Continue ROM exercises as needed to achieve Full ROM. May perform ROM exercises with **Crossarm Adduction**.
  - Begin strengthening exercises with free weights for all planes (May start **“push-up” support / bench press at 4 months**). Increase repetitions before increasing weight ( $\uparrow$  endurance  $>$   $\uparrow$  strength).
  - Begin sport specific strengthening exercises.
  - Begin swimming to increase shoulder strength at low resistance.
  - Begin putting and chipping for golf.
- Months 4 - 5:
  - Begin low speed throwing / controlled racket sports / non-contact hockey.
  - Progress to  $\frac{1}{2}$  swing with irons for golf.
- Months 5 – 6:
  - Begin high speed throwing / full swing racket sports / slap shots.
  - Progress to competitive throwing / racket sports / contact sports.
  - Progress to full swings with all clubs, for golf.

## 4. Functional Milestone:

- Full ROM.
- Full use of shoulder for sporting activity without pain and instability.
- Return to work: full duties.