

POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC ANTERIOR LABRAL REPAIR

ORTHOPAEDIC SPORTS HEALTH CLINIC OF SALINA

Dr. Peterson, Dr. Johnson, Dr. Herrenbruck, Dr. Daily, Dr. Grauerholz

**Questions regarding this protocol please call the Salina Regional Health Center Outpatient
Physical Therapy Clinic 785-452-6668**

The following protocol is for Anterior Labral Repair. If a SLAP repair is performed in addition to the Labral Repair, use this protocol avoiding active biceps (elbow flexion and supination) until post-op week 7, unless otherwise specified by the surgeon.

Post-op weeks 1-3

- * Elbow, wrist, hand AROM (elbow only if no contraindications - SLAP repair, biceps repair/anchor, biceps tenodesis)
- * Sub-maximal isometrics flexion, abduction, ER, IR, elbow flexion/extension (Elbow only if not in presence of SLAP repair)
- * Modalities (Ice, electrical stimulation)
- * Maintain sling use
- * No glenohumeral joint ROM unless otherwise specified by surgeon. PROM/AAROM for forward elevation and external rotation may begin post-op week 3 depending on patient's ROM at physician follow-up
- * ROM Limits at post op week 3: Forward Elevation = 90 degrees, ER (@ 20 degrees abduction) = 10-30 degrees
- * Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

Post-op weeks 4-6

- * ROM Limits: Forward Elevation = 135 degrees, ER (@20 degrees Abd) = 35-50 degrees, ER (@ 90 degrees Abd) = 45 degrees end of stage
- * Pendulums
- * Gentle pain-free PROM for forward elevation and external rotation within limits unless otherwise specified based off surgeon's intra-operative assessment
- * Supine self-assisted AAROM forward elevation within ROM limits and progress to stick
- * Supine AAROM external rotation with stick within ROM limits. Shoulder at 20-30 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)

- * Scapula control exercise by PT in side-lying; active-assisted/active/resistive (To begin to restore scapula stability/force couple)
- * Begin pulley for forward elevation later in the stage maintaining ROM limits and only if with quality ROM (no scapula hike), minimal pain/discomfort
- * Continue isometrics
- * Continue elbow (if not contraindicated)/wrist/hand AROM/gripping
- * Modalities (Ice, electrical stimulation)
- * Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, and sleeping on the involved side

Post-op week 7-9

- * ROM Limits: Forward Elevation = 155 degrees, ER (@ 20 degrees abduction) = 50-60 degrees, ER (@ 90 degrees Abd) = 75 degrees, Active Forward Elevation = 145 degrees
- * Gradually increase PROM to ROM limits
- * Continue AAROM exercises for forward elevation and external rotation within new ROM limits
- * Begin internal rotation ROM and assess posterior capsule tightness and may perform gentle stretching (Sleeper stretch)
- * Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint)
- * Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying); Maintain ROM limits and avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended; May progress active forward elevation from gravity eliminated positions to semi-recumbent and to standing "full can" position in scapula plane if no scapula hiking later in stage maintaining ROM limit of 145 degrees
- * AROM against gravity and progress to light resistance if normal AROM in these planes without abnormal or substituted movement patterns later in the stage; Start with 1 pound dumbbell and/or leastic band/tubing with least resistance:
 - Side-lying ER/IR
 - Scapula protraction supine
 - Elastic band/tubing for ER, IR, shoulder extension to neutral, Scapula retraction and when ready scapula punches/dynamic hug standing
- * Scapula control exercises (manual resistance, scapula PNF)
- * Begin light biceps (if not contraindicated)/triceps strengthening with arm at side
- * Begin low-level closed chain exercises

Post-op week 10-12

- * ROM Limits: Achieve full ROM by post-op week 12
- * Restore full PROM
- * Continue AAROM exercises to restore and maintain full ROM
- * Restore internal rotation and stretch posterior capsule-Sleeper stretch, posterior shoulder stretch (horizontal adduction)
- * Active forward elevation with thumb-up, "full can" position and progress to resistance with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike
- * UBE
- * Progress rotator cuff and scapula strengthening program
- * Initiate PNF patterns
- * Continue with week 7-9 program

Post-op week 13-15

- * Begin strengthening ER "90/90" position if ROM achieved. Start AROM against gravity and progress to light resistance
- * Progress open and closed chain strengthening exercises:
 - Prone rotator cuff and scapula strengthening
 - UE strengthening protecting anterior capsule (no horizontal abduction and shoulder extension past neutral, overhead strengthening in abduction and external rotation position)
 - Begin push-up progression starting with wall and progress to table while maintaining shoulder extension/horizontal abduction to neutral
- * Maintain PROM and flexibility especially posterior capsule and restore ROM needed for sport specific activity
- * Begin light functional activity as appropriate and within surgeon's guidelines
- * May begin low-level plyometric program with physician approval
- * Continue with week 10-12 strengthening program

Post-op week 16-20

- * Begin and slowly progress plyometric program
- * Begin sports specific activity within surgeon's guidelines
- * Progress strengthening and endurance program
- * Maintain PROM and flexibility
- * Return to work considerations