

**DR. JOHN AWOWALE**  
**POSTERIOR LABRAL REPAIR (SHOULDER) POST-OP THERAPY PROTOCOL**

**Phase 1 – Maximum Protection Phase (0-6 weeks)**

<b>Goals for Phase 1</b>	<b>Precautions for Phase 1</b>
<ul style="list-style-type: none"> <li>• Protect integrity of repair</li> <li>• Minimize pain and inflammation</li> <li>• Prevent negative effects of elbow and wrist mobilization</li> <li>• Activation of scapular stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>• Pulleys are considered an AAROM exercise and should <b>NOT</b> be utilized in this phase</li> <li>• No upper extremity ergometer</li> <li>• No overhead swimming for 16 weeks</li> <li>• <b>DO NOT</b> reach behind back</li> <li>• Wear sling at all times for first 6 weeks</li> </ul>

**Brace**

- Wear sling at all times, including while sleeping, except when performing home exercises and physical therapy

**Range of Motion**

- **0 – 2 weeks:** Begin shoulder passive range of motion with pendulums 3x/day
- **2 – 4 weeks:**
  - Flexion to 60 °
  - Extension to neutral (0°)
  - Abduction to 90°
  - External rotation to 45°
  - Internal rotation to neutral with arm at side (0°)
- **4 – 6 weeks:** Begin to gradually progress PROM (limiting internal rotation to 45 degrees)
- Progress active assisted ROM (dowel, wall walks) - progress from supine to standing

**Strengthening**

- Scapular strengthening (shrugs, protraction, retraction, depression)
- Sub maximal shoulder isometrics in all directions (performed in sling)
- Chin tucks
- Wrist and hand active range of motion and isometrics

**Aquatics**

- May be a candidate for aquatic therapy (to remain below shoulder height)

**Modalities**

- Vasopneumatic compression for edema management 2-3x/week
- Cryotherapy at home, 3 x per day for 20 minutes each

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**Phase 2 – Active ROM and Initial Strengthening Phase (6-12 weeks)**

Goals for Phase 2	Precautions for Phase 2	Criteria for Progression to Phase 3
<ul style="list-style-type: none"> <li>• Protection of surgical repair</li> <li>• Minimize pain and inflammation</li> <li>• Initiate AAROM (internal rotation limited to 45°)</li> <li>• Restore scapular strength and proprioception</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid overhead work activities</li> <li>• Lifting, pulling, or pushing limited to 10 pounds week 12</li> <li>• Avoid repetitive motions with shoulder</li> <li>• Do <b>NOT</b> exercise through shoulder shrug sign</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain with Phase 2 exercises</li> <li>• Adequate shoulder range of motion</li> <li>• Demonstrate neurodynamic stabilization of the shoulder and appropriate scapulo-humeral rhythm</li> </ul>

**Range of Motion**

- Progress shoulder passive range of motion
- Limit shoulder internal rotation range of motion to 45° for 12 weeks
- Continue PROM exercises in all planes within limitations

**Manual Therapy**

- Manual joint mobilization (grade 1-2) for pain management or grade 3-4 for excessive capsular tightness
- Avoid posterior mobilization
- Continue manual scapular and thoracic mobilization as needed

**Strengthening**

- AAROM exercises with progression to AROM as tolerated
  - Progress from gravity reduced positions to movement against gravity
  - Ex. Table slides, physio-ball on table, wand exercises, UE ranger
- Sub-maximal rhythmic stabilization exercises at 100° of flexion
  - Progress to multi-angle rhythmic stabilization exercises as tolerated
- Initiate sub-maximal isometrics in all planes
- Initiate isotonic strengthening progression for scapular and shoulder musculature
  - Ex. Serratus press outs, prone row, prone extension, prone horizontal extension, external rotation, D1/D2 patterns
- Initiate sub-body weight closed kinetic chain exercise
  - Ex. Quadruped exercises, wall lift offs, wall push ups

**Aquatics**

- Continue aquatic-based therapy, namely for painful or guarded patients

**Modalities**

- NMES if needed to promote scapula-humeral rhythm and strength
- Cryotherapy after activity

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**Phase 3 – Strengthening Focused Phase (12-16 weeks)**

Goals for Phase 3	Precautions for Phase 3	Criteria for Progression to Phase 4
<ul style="list-style-type: none"> <li>• Progress ROM to 85% total arc of motion of contralateral arm</li> <li>• Improve stability, strength, and endurance of shoulder and scapular stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>• No overhead swimming for 16 weeks</li> <li>• Lifting restriction of 15 lbs until week 14</li> <li>• Avoid throwing until appropriate criteria are met after week 16</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal pain with Phase 3 exercises</li> <li>• AROM 85% total arc of motion of contralateral arm</li> <li>• MMT <math>\geq</math>4/5 with shoulder and scapular testing</li> <li>• Demonstrate neuro-dynamic stabilization of the shoulder and appropriate scapulo-humeral rhythm</li> </ul>

**Manual Therapy**

- Continue manual joint mobilizations (grade 1-2) for pain management or grade 3-4 for excessive capsular tightness as needed – limit aggressive mobilization of posterior capsule
  - Do **NOT** aggressively perform mobilization until week 12
- Continue manual scapular and thoracic mobilization as needed

**Strengthening**

- AROM exercises within full range against gravity
- Multi-angle rhythmic stabilization exercises
- Continue isotonic strengthening for scapular and rotator cuff musculature with emphasis on posterior cuff strengthening
  - Progress from gravity reduced positions to full gravity
  - Progress elevation from below to above shoulder height
  - Progress shoulder IR and ER from 30° to 60° to 90° abduction and from a supported to unsupported condition
- Thrower's Ten Program
- Progress sub-body weight closed kinetic chain exercise
  - Progress to full body weight exercises
  - Progress from stable surfaces to unstable surfaces (foam, physioball, BOSU, etc.)
- Initiate gradual progression of neuromuscular control exercises (ball on wall, body blade, ball flips, plyoback, etc.)

**Aquatics**

- Continue aquatic-based therapy as needed

**Neuromuscular Control**

- Initiate gradual progression of neuromuscular control exercises (ball on wall, body blade, ball flips, plyoback, etc.)

**Modalities**

- Cryotherapy after activity

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**Phase 4 – Advanced Strengthening and Plyometric Phase (16-24 weeks)**

<p><b>Goals for Phase 4</b></p> <ul style="list-style-type: none"> <li>• Restore shoulder, scapular, and total arm strength, power, and endurance</li> <li>• Initiate upper extremity plyometrics</li> <li>• Sport or work specific tasks</li> </ul>	<p><b>Precautions for Phase 4</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>
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**Strengthening**

- Continue isotonic strengthening with transition to primarily overhead strengthening
- Gradual progression of sub-body weight suspension training exercises (TRX, GTS, assisted chin or dip machine, etc.)
- Initiate traditional weightlifting exercises with emphasis on musculature balance of rotator cuff, back, and chest
- Initiate sport specific interval training programs (throwing, hitting, or lifting) – no earlier than 5 months
- Transition to work specialty program if physical laborer

**Neuromuscular Control**

- Continue neuromuscular control exercises (ball on wall, body blade, ball flips, bounce-back plyo tosses, hops and lifts, etc.)
- Begin working on activity specific mechanics (throwing positions, hitting positions)
- Light tennis ball toss at short distances - > progress toward interval throwing program after 5 months as criteria are met (see below)

**Modalities**

- Cryotherapy after activity

**For Throwing Athletes**

- Perform functional testing. If test is passed, begin interval throwing program (no earlier than 5 months). Re-test monthly until passed.
- Total rotational range of motion within 5° of non-throwing shoulder
- Full non-painful range of motion
- Prone ball drop test >100% of non-throwing side
- ER/IR ratio: >70% on throwing arm with isokinetic testing
- Throwing shoulder ER >95% of non-throwing shoulder

**Return to Function Testing**

- **Week 24:** Return to function testing per physician approval.
- Criteria:
  - Pain-free
  - Full, pain-free shoulder range of motion
  - DASH ≤10% disability
  - Satisfactory isokinetic strength and functional testing.
- No less than 5 months post-op for return to contact sports