

# Posterior Labral Repair (Arthroscopic or Open)

## Physical Therapy Protocol

### Phase I – Maximum Protection (0 to 2 Weeks)

#### Goals:

- Reduce pain and swelling.
- Protect surgical repair.
- Maintain mobility of distal joints (elbow, wrist, hand).

#### Precautions:

- **Sling Use:** Sling with all components worn at all times, including while sleeping, except during home exercises and physical therapy.
- **Weight-Bearing:** No lifting, pushing, or pulling with operative shoulder (Non-Weight Bearing on operative arm).
- **ROM Restrictions:** Avoid reaching arm behind back or supporting body weight through operative arm.

#### Range of Motion (ROM):

- Pendulum exercises 3x/day.
- Elbow and wrist active range of motion (AROM).

#### Strengthening:

- Gentle gripping and wrist exercises.

### Phase II – Protected Passive Range of Motion (2 to 4 Weeks)

#### Goals:

- Reduce pain.
- Initiate passive shoulder motion under therapist supervision.

#### Precautions:

- **Sling Use:** Continue full-time sling use.

- **Weight-Bearing:** No lifting with operative shoulder.
- Keep arm in front of body when out of sling. Do not reach arm behind back.

**Range of Motion (ROM) Limits:**

- Flexion to 60°.
- Abduction to 90°.
- External Rotation to 45° (arm at side).
- Internal Rotation to neutral (arm at side).

**Strengthening:**

- Begin gentle scapular isometrics and submaximal pain-free shoulder isometrics in all directions.
- Continue cervical ROM and wrist/hand exercises.

**Phase III – Progressive ROM and Early Strengthening (4 to 6 Weeks)**

**Goals:**

- Progress passive ROM and initiate active-assisted ROM.
- Begin light shoulder strengthening exercises.

**Precautions:**

- **Sling Use:** Sling during the day; may discontinue at night after Week 6.
- **Weight-Bearing:** No lifting, pulling, or pushing >2 lbs.
- Avoid internal rotation behind the back.

**Range of Motion (ROM) Limits:**

- Flexion to 90°.
- Abduction to full as tolerated.
- External Rotation:
  - 45° with arm abducted to 90°.
  - Full as tolerated with arm at side.
- Internal Rotation: 30° with arm abducted to 90°.

**Strengthening:**

- Continue scapular strengthening.
- Begin light Theraband exercises for external rotation (elbow at side).

**Phase IV – Strengthening and Neuromuscular Control (6 to 12 Weeks)**

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### **Goals:**

- Achieve full ROM (except for IR).
- Progress strengthening and introduce neuromuscular control exercises.

### **Precautions:**

- **Sling Use:** Discontinue at 6 weeks post-op.
- **Weight-Bearing:**
  - Weeks 6–8: No lifting >5 lbs.
  - Weeks 8–12: Limit lifting to ≤7 lbs.
- Limit internal rotation to 45° until Week 12.

### **Range of Motion (ROM):**

- Active ROM to full as tolerated (except IR).

### **Strengthening:**

- Progress isotonic rotator cuff strengthening (light weights ≤6–8 lbs).
- Add neuromuscular control exercises (PNF patterns, rhythmic stabilization).

## **Phase V – Advanced Strengthening and Return to Sport (12 Weeks and Beyond)**

### **Goals:**

- Restore full ROM in all directions.
- Advance strengthening and functional activities.
- Prepare athletes for throwing or overhead sports.

### **Precautions:**

- Avoid overhead lifting or high-stress activities until cleared by surgeon.

### **Range of Motion (ROM):**

- Full ROM, including internal rotation, allowed after Week 12.

### **Strengthening:**

- Advance to traditional weight training and sport-specific drills as tolerated.
- Begin Thrower’s 10 program for athletes (if applicable).

### **Return to Sport Criteria:**

- Full ROM and strength.
- No pain with activity.
- Surgeon clearance.

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