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Orthopedic Sports Medicine

Anterior Labral Repair Rehabilitation Protocol (Arthroscopic or Open)

☐ Posterior labral repair/posterior capsulorrhaphy

☐ Anterior labral repair/anterior capsulorrhaphy

☐ SLAP repair

☐ Biceps tenodesis

*10-12 total visits over 12 weeks

See rotator cuff repair protocol if performed concomitantly

If SLAP repair performed avoid resisted elbow flexion and humeral head depression for 6 weeks post-op.

If biceps tenodesis performed avoid resisted elbow flexion for 4 weeks post-op.

Stage I (0 to 3 weeks for open repair)
(0-4 weeks for arthroscopic repair)

2-3 visits/week

Patients <25 years of age begin physical therapy at 1 week post-op
Patients >25 years of age start physical therapy within 3-4 days post-op

A. Shoulder sling placed in OR. May remove for dressing and hygiene. Wear shoulder sling for 4-6 weeks for open repair; 3-4 weeks for arthroscopic repair. Dr. Elkin may remove the sling sooner if patients are having trouble regaining range of motioin.
B. May remove sling for tabletop activities within pain tolerance such as eating, brushing teeth, writing and occasional keyboard use. May also remove for exercises, showering and dressing.
C. Exercises:
    -Elbow ROM
    -Tennis ball for grip
    -Co-contracture of biceps/triceps at 0, 30, 60, 90 and 120 degrees
    -Pendulum exercises

-Passive ROM 0-120 degrees forward elevation in scapular plane, external rotation with arm at side to 30 degrees
-Rope/pulley – flexion, abduction, scaption
-Wand exercises – all planes within limitations
-Gentle Posterior capsule stretch
-Manual stretching and Grade I-II joint mobilizations
-Initiate submaximal isometrics – **NO** elbow flexion
-Initiate scapular stabilizer strengthening
-Initiate UBE without resistance
-At 2 weeks may begin brisk walking on treadmill

ROM GOALS

Weeks	FF	ER
0-2	90º	10 º
2-4	120º	30 º
4-6	140º	45 º
6-8	160º	60º
8-10	Full	Full

Stage II (4-12 weeks)

1-2 visits/week, increase number of visits if ROM lagging behind

A. ROM
   1. AROM/PROM for all shoulder motions
      Except no ER past 45 degrees until 4-6 weeks post-op.
      Full ER by 10-12 weeks. Progress as tolerated.

B. Home Program: Overhead pulleys if needed, Towel stretching, Wand exercises

C. Strengthening Exercises
   1. Isometric Exercises – no IR or adduction until 6 weeks post-op **- Pain-free only**

- Continue isometric activities as in Phase I
- Scapular stabilization exercises
- Initiate supine rhythmic stabilization at 90 degrees flexion
- Initiate IR/ER at neutral with tubing
- Initiate forward flexion, scaption, empty can
- Initiate sidelying ER and triceps strengthening
- Push-up progression
- Prone abduction with external rotation
- Shoulder shrugs with resistance
- Supine punches with resistance
- Initiate UBE for endurance
- Prone rows

- Initiate **light** biceps curls at week 3
- At 4 weeks may begin stationary bicycle
- At 6 weeks may begin elliptical machine
- At 8 weeks may begin jogging

Stage III (3-6 months)

A. Full ROM
B. Maximize strength and endurance
C. Maximize neuromuscular control
D. Initiate sports specific training, functional training
E. Overhead lifting/traction as tolerated at 4 months
F. Callisthenic Exercise
    - Progress strengthening program with increase in resistance and high speed repetition
    - Progress with eccentric strengthening of posterior cuff and scapular musculature
    - Initiate single arm plyotoss
    - Progress rhythmic stabilization activities to include standing PNF patterns with tubing
    - UBE for strength and endurance
    - Initiate military press, bench press, lat pulldown at 5 months
    - Initiate sport specific drills and functional activities

    - **Throwing Activity** - start at 16 weeks post-op. Follow function progression per IAM program. Progress as tolerated
    - **Return to sport at 6 months post-op if PT goals have been met**
    - **Full return to competitive throwing after throwing program successfully completed at 6-8 months**

This protocol provides you with general guidelines for the rehabilitation of the Bankart Shoulder patient. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of the patient, the physician should be contacted.