

Posterior Stabilization Labral Repair Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Weeks 0-3:

- Sling in neutral rotation for 3 weeks (padded abduction sling)
- Pendulums, Active elbow, wrist, and hand ROM
- Wrist and grip strengthening

PHASE 2: Weeks 3-6:

- PROM → AAROM → AROM
 - Restrict to FF 90°/IR to stomach
 - ER with arm at side as tolerated
- No cross-arm adduction
- No manipulations
- Begin isometrics with arm at side – Forward elevation, ER, IR, abduction, adduction
- Start periscapular motion and strengthening exercises (trapezius, rhomboids, levator scapulae)
- Can remove ER pillow from sling at 4 weeks (if advised by Dr. Harris)
- Heat before therapy, ice after therapy

PHASE 3: Weeks 6-12:

- D/C sling at 6 weeks (or earlier if advised by Dr. Harris)
- Increase ROM to within 20° of opposite side
 - No manipulations
 - Encourage patients to work on ROM on a daily basis
- Once 140° active forward elevation, advance strengthening as tolerated
 - isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

PHASE 4: Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges if ROM is not full
- Begin eccentrically resisted motions, plyometrics (for example, weighted ball toss), proprioception (for example, body blade)
- Begin sports related rehab at 3 months, including advanced conditioning
- Interval throwing program at 4 ½ months
- Push-ups at 4 ½ - 6 months

- Throw from pitcher's mound at 6 months
- MMI is usually at 9-12 months post-op

Comments:

Modalities: Per therapist Electrical Stimulation Ultrasound Heat before/after Ice before/after

Aquatherapy Massage Trigger points ART (Active release techniques) Other _____

Signature _____ Date _____