

SHOULDER ANTERIOR LABRAL/INSTABILITY REPAIR REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: Size and location of the tear, associated injuries/procedures, strength/ range of motion status, primary vs revision repair, rehabilitation goals and expectations

For Patients at a glance

- a. **Brace:** Use abduction sling **x 4 weeks post-op** even while sleeping. May remove sling for exercises/therapy and showering.
 - i. For large instability repairs **you may be instructed to wear the sling for 6 weeks.**
- b. **Physical Therapy:** Begin physical therapy within 7-10 after surgery.
- c. **Dressing/Shower:** May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep any steri-strips/sutures in place and reinforce with band aids as needed. **Ok to shower, keeping shoulder covered and as dry as possible** with saran wrap or something similar and tape while dressing is still on.
- d. After removing dressing on 3rd day, you do not need to keep shoulder covered for showers. Do not scrub incisions while in shower. Just let soap/water drain over shoulder and pat dry. Do not submerge incisions in bath or pool until fully healed (3-4 weeks)
- e. You may have been given an ice machine to help with swelling/pain control after surgery. Use 20-30 minutes every 1-2 hrs for the first few days and then as needed thereafter. If you do not have an ice machine, use cold packs/ice bags.
- f. If you had a **nerve block at the time of surgery, it usually wears off between 1-2 days post-operatively.** It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result.
- g. Take the prescribed pain medications as directed. You can supplement your pain control with over-the-counter ibuprofen and Tylenol if needed, making sure to follow the dosage as recommended on the bottle.
- h. There is no conclusive data about when it is safe to return to driving after shoulder surgery. You cannot drive while taking pain medications. Generally it is a good idea to arrange for someone else to drive for you for the first few weeks. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.
- i. **REHABILITATION PROTOCOL. PHASE I: INITIAL POST-OP PHASE DAYS 1-7**
 - a. Abduction sling at all times, even while sleeping
 - b. The first **physical therapy visit can be scheduled around 2 weeks after surgery.**
 - c. **Home exercises:**

- i. **Elbow and Wrist Range of Motion (ROM):** Work on achieving full elbow flexion and extension. Work on wrist flexion/extension/supination and pronation while keeping shoulder steady and in neutral position.
- ii. **Hand Squeezing Exercises:** Work on grip strengthening. Can make a fist and hold or use foam ball.
- iii. **Pendulum Exercises:** Come out of the sling. Bend over slightly at the waist while holding on to something (e.g. countertop). Slowly move the arm in small circles. Can do 3x/day
- iv. **Supine Assisted Shoulder Flexion:** Lie on back with arm at side and thumb pointed towards ceiling. Use your nonoperative arm and grab the operative side at the wrist slowly raising the operative arm to 90 degrees only

II. REHABILITATION PROTOCOL. PROTECTION PHASE: POST OP WEEKS 1-4

- a. Continue sling except for showering and exercises.
- b. Continue previous exercises
- c. Full pendulum exercises
- d. Can start active assisted range of motion.
 - i. **Weeks 1-2: Active assisted flexion and abduction limited 90 degrees. ER to neutral**
 - ii. **Weeks 2-4: AAROM: Flexion and abduction increases to 120 degrees. ER to 50% of contralateral side**
 - iii. **If Open Bankart: No external rotation past neutral x 6 weeks**
- e. Shoulder shrugs
- f. Scapular/Deltoid isometrics
- g. Can ride stationary bike with shoulder immobilizer on
- h. Weight restrictions: <10 lbs

III. REHABILITATION PROTOCOL. EARLY STRENGTHENING/ENDURANCE PHASE: POST OP WEEKS 4-9

- a. **Discontinue abduction sling at post-op week 4**
- b. Advance AAROM until near full motion is obtained
- c. Begin active range of motion
 - i. **Weeks 4-6: Active motion flexion 90 degrees. ER to 50% of contralateral side**
 - ii. **Week 6: Advance active motion as tolerated. Goal full ROM by week 8.**
- d. Wall climbs, pulleys, functional reach behind the back
- e. Initiate sub-maximal pain free isometrics with arm at side at week 6
- f. Deltoid isotonic
- g. Advance scapular strengthening
- h. Begin gentle posterior capsular stretching
- i. Weight restrictions: <20 lbs

IV. REHABILITATION PROTOCOL. ADVANCED STRENGTHENING/ENDURANCE PHASE: POST OP WEEKS 9-12

- a. Continue appropriate previous exercises
- b. PROM/mobilization as needed to achieve full ROM
- c. Progressive strengthening/resistive exercises
- d. Progress rotator cuff isotonic as ROM approaches normal
- d. Push up progression: Table to Chair (No elbow flexion past 90 degrees)
- e. Treadmill: begin jogging program week 10
- f. **GOAL: Achieve normal rotator cuff strength**

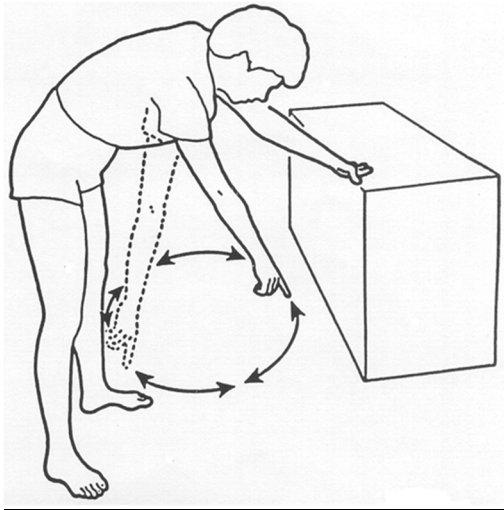
V. REHABILITATION PROTOCOL. MONTHS 3-4

- a. Continue appropriate previous exercises

- b. Criteria to progress: Minimal pain, full range of motion, no subjective instability
- c. Weight training with light resistance **ok to begin pull exercises. No push exercises until month 4**
 - i. No overhead resistance or pull downs behind back
- d. Progress jogging program. Cardio equipment: Bike, elliptical, stair trainer

VI. REHABILITATION PROTOCOL MONTHS 4-6

- a. Progressive weight training
 - i. Introduce push exercises
- b. Transition to home/gym program
- c. Resume all activity as appropriate
- d. **Return to Sport:** Return to sport is variable and depends on several factors. In general full range of motion, 90% strength of the contralateral side according to manual strength testing and no shoulder pain with aerobic and upper body conditioning. **No contact sports until 6 months.**



Pendulum Exercises



Supine Assisted Forward Flexion. Do not exceed 90 degrees of flexion until week 2.