

360° LABRAL REPAIR PROTOCOL

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Phase 1

- Shoulder immobilizer with abduction pillow continuously worn for 6 weeks. May remove for hygiene and exercise.
 - Shower with arm resting in lap with arm held at side
 - Sleep with shoulder immobilizer
- Modalities: as needed for pain and inflammation control
 - Cryotherapy to reduce pain and inflammation. Use for 2 weeks aggressively, 6 weeks frequently, then 6+ weeks after HEP/PT.
- **Precautions/Education:**
 - Teach sling use, joint protection, posture, positioning, hygiene
 - Once therapy starts, teach daily home exercise program
 - No biceps strengthening for 8 weeks
- **Day 0-13**
 - Usually one PT visit in this time frame for ROM, education, teaching HEP
 - **Passive Range of Motion (PROM) exercises:**
 - Flexion and elevation in scapular plane to 60 degrees
 - At 0 deg abduction ER to 15 deg & IR to 15deg
 - Elbow flexion/extension
 - Active ROM of wrist/hand
 - Sub-maximal scapular isometrics & scapular neuromuscular control w manual resistance
- **Day 14-20**
 - **PROM:** Advance flexion to 75 degrees
- **Day 21-27**
 - **Passive and Active Assisted ROM:**
 - Advance flexion to 90 deg; Abduction to 85 deg

- At 35 deg ABD: ER to 30 deg, IR to 25 deg
- **Exercise:**
 - Initiate tubing IR/ER at 0 deg ABD (within ROM limitations), rhythmic stabilization IR/ER (w/in ROM limitations), proprioception training
 - Note: no active ER, extension or elevation
 - Scapular isometrics
- **Day 28-41**
 - **ROM:**
 - Flexion to 120 degrees
 - At 45 deg ABD: ER to 50 deg, IR to 30 degrees
 - **Exercise:**
 - Continue tubing IR/ER at 0 deg ABD (w/in ROM limitations)
 - scapular isometrics, rhythmic stabilization IR/ER (within ROM restrictions)

Phase II

- **6 Weeks Post-op**
 - **Immobilizer: wean out of gradually**
 - **PROM/AAROM:**
 - Gradually progress at 90 deg ABD: ER to 40 degrees
 - **Exercise:**
 - **Initiate** light ROM at 90 deg ABD
 - **Initiate:** Active shoulder ABD (without resistance), Full can exercise, Prone Rowing, Prone Horizontal ABD, PNF against light manual resistance
 - NO BICEPS STRENGTHENING
- **7-9 Weeks Post-op**
 - **ROM:**
 - Progress to full PROM and AROM (compared to contralateral)
 - Goal: full to near full PROM at week 10.

- **Begin light stretching anterior and posterior capsule**
- **Strengthening**
 - Initiate Light Biceps curls at week 8 & triceps push downs at week 9
 - Progress isotonic strengthening, continue neuromuscular control drills
- **10-12 Weeks Post-op**
 - **ROM:**
 - Progress ER in throwers: ER at 90 degrees abduction: 110-115deg
 - Continue stretching anterior and posterior capsule
 - **Strengthening**
 - Progress strengthening as tolerated & ROM to functional demands (i.e. overhead athlete)
 - Exercises in scapular plane—always see your elbows

Phase III

- **3 Months Post-op**
 - **Exercise:**
 - Continue stretching, progress strengthening
 - Initiate light bench press machine & light plyometric exercises
 - Endurance Training
 - Initiate Thrower's Ten Program
- **4 Months Post-op**
 - **Exercise:**
 - Continue all exercises above
 - Initiate interval sports throwing program & PNF D2 flexion/extension
 - Initiate Restricted sports activities (swimming, half-golf swings) progression to non-contact sports
 - No tennis serves until after 4 months

Phase IV at 5 months

Criteria to enter Phase IV:

1. Full painless ROM 2. Good static stability 3. Isokinetic strength 75-80% of contralateral

- **Exercises:**

- Continue previous exercises
- Initiate Plyometric strengthening

- **Return to sport:**

- Begin integrated throwing program of 20ft with no windup.
- Non-throwing athletes can begin a sports specific program
- May begin hitting (baseball) if surgical arm is back hitting arm at 5 months, 6 months if surgical arm is lead hitting shoulder
- Consider progression to contact sports at week 20 upon clearance by Dr. Privitera but may take 8+ months for noncontact athlete
- Consider progression to collision sports at week 26 upon clearance by Dr. Privitera but may take 9+ months

