

GARRETT COUNTY ORTHOPAEDICS

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**Arthroscopic Posterior Labral Repair
and/or Posterior Capsular Plication**

General Guidelines:

1. Keep arm in 30 deg abduction and neutral rotation using Don-joy Ultrasling ER for 6 weeks.
2. Avoid motions that can stress the posterior capsule (primarily internal rotation and horizontal adduction)
3. Long term activities that load the posterior capsule may need to be eliminated (ie...bench press, push-ups)
4. ROM may need to be slowed or advanced based on MD recommendations and end-feels (hypermobile vs hypomobile Pts')

PHASE I: Hospital d/c through Week 4 – PROTECTION PHASE

PT Sessions: Home program after initial visit with physical therapist

Sling: Shoulder immobilizer / abduction sling

1. Wear when walking or sleeping for 1st 4 weeks after surgery
2. Remove multiple times a day at least for home PT exercises, and for personal hygiene

Exercises:

1. Grip Strength w/ foam ball, towel, putty to squeeze repetitively
2. Hand, wrist, elbow full AROM w/ light weights (1-3 lbs.; incr. prn)
3. Shoulder passive pendulum exercises in sling or forearm supported
4. Assisted PROM shoulder to maximum of 45° flexion, 20° external rotation, 30° abduction; NO INTERNAL ROTATION
5. Scapular retraction; gently pinch shoulder blades together for 5 sec

Aerobic Conditioning: may ride stationary bike while wearing immobilizer

PHASE II: Week 4 - 8 – EARLY STRENGTHENING & ENDURANCE

PT Sessions: Directed by physical therapist

Sling: D/C shoulder immobilizer/sling at 4 weeks

Exercises:

1. Continue grip strength exercises

2. Continue hand, wrist, elbow full AROM w/ weights
3. Passive pendulums w/ elbow extended and forearm unsupported
4. Assisted PROM shoulder to full as tolerated, start light internal rotation at 6 weeks
5. Scapular retraction; gently pinch shoulder blades together for 5 sec
6. Cross chest (posterior capsule) stretch
7. Mild ADL's at or below waist level

Aerobic Conditioning: Stationary bike or treadmill

PHASE III: Week 8 - 12 – ADVANCED STRENGTHENING & ENDURANCE

PT Sessions: Directed by physical therapist

Sling: none

Exercises:

1. Continue previous grip and hand/wrist/elbow AROM exercises
2. Shoulder full PROM exercises w/o limitations; include wand/stick, pulley, towel stretch, wall climbs, assistance from opposite UE, etc...
DO NOT PUSH THROUGH ANY SHARP OR STABBING PAIN
3. Gentle shoulder active assisted range-of-motion (AAROM) exercises in all planes
4. Scapular retraction, shoulder shrugs, and postural correction
5. 5-way isometric strengthening exercise
6. Moderate ADL's from waist to shoulder; overhead activity for reaching only – no overhead strengthening

Aerobic Conditioning:

1. Stationary bike, elliptical trainer, stairmaster
2. May walk on treadmill; NO running
3. Upper body cycle up to 5 min forward and 5 min backward

Criteria for Progression to PHASE IV:

1. 90% shoulder FAROM
2. Pain-free ADL's up to shoulder height
3. Able to perform 5 min of upper body cycle w/o pain

PHASE IV: Week 12 - 16 – BASIC FUNCTIONAL PHASE

PT Sessions: Directed by physical therapist

Exercises:

1. Continue previous exercises with emphasis on full AAROM
2. Shoulder AROM exercises and ADL's in all planes to fatigue
3. Light resistance theraband exercises
4. 6-way isometric strengthening

5. May use 5-10 lbs. Free weights with AROM exercises
6. Start with wall push-ups; progress to push-ups on table, then to knees
7. Basic aquatic (pool) therapy if available
8. Full ADL's; lifting – progress at tolerated

Aerobic Conditioning:

1. May begin jogging self paced, in addition to bike, elliptical trainer, and stairmaster
2. Upper body cycle up to 10-15 min forward and 10-15 min backward

Criteria for Progression to PHASE V:

1. Full or nearly full shoulder AROM
2. Near full strength per manual muscle testing
3. Pain-free basic functional training exercises

PHASE V: Week 16 - 24 (6 mo) – ADVANCED FUNCTIONAL PHASE

PT Sessions: Directed by physical therapist

Exercises:

1. FAROM exercises to fatigue; emphasize active and passive ER
2. Gradually increase weight training to maximum; must be pain free
3. Progress from knee to military push-ups; AVOID anterior capsule stretching by not dropping below the scapular plane during each rep
4. Advanced pool therapy if available

Aerobic Conditioning:

1. Progress running prn; should be pain-free
2. Sport-specific drills prn; i.e. throwing, dribbling, catching

Criteria for progression to PHASE VI:

1. Full AROM equal to opposite UE (accept 5-10° loss of ER)
2. Full shoulder strength per manual testing

PHASE VI: 6 Months + – RETURN TO FULL DUTY PHASE

When rehabilitation goals are met:

1. Full shoulder AROM (accept 5-10° loss of IR)
2. Full strength per manual and isokinetic testing

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