

Rehabilitation Protocol: Arthroscopic Labral Repair

Scott P. Stephens, MD

Fellowship Trained Shoulder and Elbow Specialist

www.scottstephensmd.com



- **Phase I (0-4 weeks):** Sling and pendulums
 - Weight Bearing: Non-weight bearing
 - Bracing: Sling for four weeks during day and at night
 - Can remove for home exercises and bathing
 - Range of motion: Can forward flex to 90° with pendulums
 - If biceps tenodesis performed avoid active flexion and eccentric loading for 6 weeks
 - Therapeutic Exercise:
 - Pendulum exercises
 - Hand/wrist/elbow range of motion, grip strengthening

- **Phase II (4-12 weeks):** Begin active/active assisted ROM, passive ROM to tolerance
 - Weight Bearing: Non-weight bearing
 - Discontinue Sling
 - Range of motion – Full active and active assisted ROM
 - Goals: Full ER, 135° flexion, 120° abduction
 - Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises and keep all strengthening below the horizontal plane
 - Therapeutic Exercises:
 - Begin active assisted exercises
 - Closed chain scapular exercises
 - Codman's
 - At 8 weeks begin active assisted exercises deltoid/rotator cuff isometrics
 - Begin scapular stabilizers, biceps triceps, rotator cuff

- **Phase III(12-16):** Gradual return to full AROM, begin strengthening
 - Weight Bearing: Begin Weight bearing exercises
 - Continue with obtaining active range of motion exercises
 - Therapeutic Exercises:
 - Glenohumeral stabilization

- External rotation and latissimus eccentrics
- Muscle endurance activities (Ergometer)
- Cycle and running as tolerated at 12 weeks

Phase IV (4-5 Months): Full and pain free activity

- Therapeutic exercises
 - Aggressive scapular stabilization and eccentric strengthening
 - Plyometric and throwing/racquet programs
 - Continue with endurance activities
 - Maintain ROM and flexibility

Phase VI (6 Months and on):

- Activities as tolerated