

Dr. Allen Posterior Labral Repair Post-Op Protocol

Phase I: Protection (Weeks 0-6)

Weeks 0-2

- Shoulder immobilizer at all times except hygiene and exercises
- Hand, wrist, and elbow ROM several times daily
- Cryotherapy
- Scheduled NSAIDs & Tylenol
- Opioids for break through pain (goal to wean by end of week 2)
- First PT visit post-op day 1-3
 - Leave dressings in place until first PT visit
 - Ok to shower day after first dressing change
 - Don't soak wound, pat dry and cover with fresh bandage
- PROM:
 - Forward flexion in plane of scapula: 0-90°
 - External rotation: 0-45°
 - Internal rotation: Neutral only
 - Abduction: 0-90°
 - Extension to neutral, no horizontal abduction
- No AAROM/AROM
- Pendulums, wands, table and wall slides
- Scapular retractions, shrugs, depressions, submaximal shoulder isometrics



Weeks 2-4

- First post-op visit at 2 weeks, sutures will be removed at this visit
- Shoulder immobilizer at all times except hygiene and exercises
- Elbow, wrist, & hand ROM several times daily
- Cryotherapy
- Scheduled NSAIDs & Tylenol
- PROM:
 - Forward flexion in plane of scapula: 0-120°
 - External rotation: 0-60° at side and 90° abduction
 - Internal rotation: 0-15° at side and 90° abduction
 - Abduction: 0-120°
- Advance isometric shoulder, cuff, and periscapular strengthening
- Light proprioception and rhythmic stabilization within ROM parameters

Weeks 4-6

- Wean from shoulder immobilizer, goal to discontinue sling by 6 weeks
- Elbow, wrist, hand ROM several times daily
- Cryotherapy
- PROM & AAROM:
 - Forward flexion in plane of scapula: 0-140°
 - External rotation: 0-75° at side and 90° abduction
 - Internal rotation: 0-35° at side and 90° abduction
 - Abduction: 0-140°
- Initiate gentle stretching (pain free)



- Advance isometric shoulder, cuff, and periscapular strengthening
- Prone periscapular stabilization, scapular retractions, shrugs,
- Advance proprioception and rhythmic stabilization (within ROM)

Phase II: Motion (Weeks 6-12)

Weeks 6-9

- Second post-op visit at 6 weeks, goal to come to appointment with no sling
- Continue to advance motion in all planes (AROM & AAROM)
 - Forward flexion in plane of scapula: 0-170°
 - External rotation: 0-90° with shoulder in 90° abduction
 - Internal rotation: 0-45° with shoulder in 90° abduction
 - Horizontal abduction: 0-30°
- Begin light ER/IR Theraband exercises with arm in neutral (within ROM)
- Advance isometric shoulder, cuff, and periscapular strengthening
- Joint mobilizations as needed (no posterior glides)
- PNF manual resistance exercises

Weeks 9-12

- Goal for full motion, normal horizontal abduction and IR to >60°
- Begin “Throwers Ten” exercises
- Initiate isotonic shoulder, cuff, and periscapular strengthening
- Stretching in all planes
- Advance PNFs

Phase III: Strengthening (Weeks 12-20)Weeks 12-16

- Third post-op visit at 12 weeks
- Four quadrant stretching
- Progress “Throwers Ten” exercises
- Continue shoulder, cuff, and periscapular strengthening
- Initiate plyometric exercises
- Initiate light activities (swimming, golf half swings, light ball toss)

Weeks 16-20

- Initiate return to throwing program
- Continue strengthening, cleared for weight room
 - No bench or military press until 18 weeks
- Maintain all motion

Phase IV: Sport Specific Training (Weeks 20-28)

- Final post-op visit at ~24 weeks (6 months)
- Advance sport activity
 - Drills, functional activities, and motion
 - Clearance for contact
- Progress throwing & batting programs
- Continue strengthening
- Continue stretching
- Return to full sport participation ~28 weeks