

Arthroscopic Labral, SLAP or Bankhart Shoulder Repair Postoperative Protocol

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Patient Name:

Date of Surgery:

Formal physical therapy to start 4 week postoperatively

Phase I

Sling shall be worn for 3 weeks at all times and for 6 weeks while sleeping or out in public. It may be beneficial to use a pillow for support while sleeping once the sling is removed.

Remember that these guidelines should take into account the patient's symptoms and one should not progress to the next phase if the patient cannot successfully complete the previous phase.

Weeks 0-4

Small pendulums, tummy rubs
Wrist and elbow range of motion
Gripping exercises
Posture education and awareness
Pulleys (flexion and scaption)
Passive range of motion (supine)

Weeks 4-6

Gradually increase range of motion in all planes - avoid extreme end range internal rotation and adduction
Continue with previous range of motion exercises
Initiate active assisted range of motion (wand or T-Bar) and supine for flexion, abduction, adduction and internal rotation/ external rotation in scapular plane
Initiate submaximal isometrics (all planes, shoulder in neutral, elbow bent into 90° with the shoulder bolster under arm)
Initiate UBE for warm-up activity
Initiate spelling mode IR/ER with theraband at 0° abduction
 Perform IR from full ER to neutral
 Perform ER from neutral to full ER
Initiate active forward flexion and scaption
Initiate bent over rows and sidling ER
Begin biceps and triceps strengthening (bands, weights)
Scapular stabilization strengthening
Initiate rhythmic stabilization

Phase II (Intermediate phase)

This phase of rehabilitation focuses on restoring full ROM, regaining normal scapulohumeral mechanics and restoring muscular strength and balance/proprioception.

Weeks 6-8]

Gradually increase to full ROM in all planes - continue to avoid extreme end range IR and adduction
Begin weight-bearing on all fours to help facilitate neuromuscular control
Initiate proprioceptive neuromuscular facilitation (PNF) patterns with manual resistance
May initiate light stretching

Weeks 8-12

Gradually increase to full ROM in all planes by week 12
Initiate slightly more aggressive strengthening exercises
Progress isotonic strengthening exercises (increase resistance and repetitions)
Begin PNF patterns with and/police/weights
Begin wall push-ups and progress to table to floor as tolerated
Progress rhythmic stabilization throughout entire article M
Progress weight-bearing exercises to include unstable services (Airex, Bosu ball, etc)

The goals of phase 3 include maintaining full ROM; improving muscular strength, power and endurance; introduce functional activities; and enhance neuromuscular control.

Phase III (Advanced activity and strengthening)

Weeks 12-16

Continue strengthening exercises
PNF manual resistance (increase speed as tolerated)
Muscular endurance training
Increase resistance and repetitions with isotonic and band exercises
UBE for strength and endurance
Initiate more aggressive strengthening
Push-ups
Bench press/free weights
Seated row
Lat pull-downs
Progress stretching exercises to include posterior capsule stretch in towel internal rotation stretch
Begin two-handed plyometrics at week 12
3-5 pound ball
Chest pass
Side to side throw
Overhead soccer throw
Progress to single-hand plyometric throwing (approximately 2 weeks after initiation of two-handed)
90-90 throws
Wall dribbles

Weeks 16-22

Continue all exercises listed above

Continue all stretching

Continue plyometric program

Initiate interval sport program (throwing, etc.) at 16 weeks

Phase IV (Return to activity)

During the final stage of rehab, emphasis is placed on gradual return to sport activities and maintaining strength, mobility and stability of the shoulder.

Weeks 22-26

Emphasis is on work or sport specific exercises

Continue stretching and strengthening in functional or sport-specific positions

Gradually progress sport or work activities to full participation