

Recommended Physio Protocol Post Arthroscopic Labral repair.

Thank you for looking after this patient's rehabilitation post arthroscopic stabilisation. The following is for guidance only and should not replace your clinical assessment. All patients are different and post op capsulitis, pain or complications of surgery may slow progress in some. We routinely review patients at week 6 and 18. If concerned please contact our office and we will arrange earlier review. We hope the following will help guide you when structuring your patients rehab program.

- In general, to protect the integrity of the repair, we recommend motion within a "Safe Zone" during the first 6 weeks. This will be noted on the patients post op sheet. If a posterior repair then the safe zone will avoid IR. If, as more common, an anterior repair is performed then excessive ER will be avoided.
- If a "remplissage" has been included in the repair, then activation of the infraspinatus should be avoided until after week 6. Otherwise the cuff can be activated immediately post op.
- For superior labral repairs biceps loading should be avoided until after week 12.
- Increases in range and progressive inner and then outer range strengthening with good scapular and cuff control should be gradual.
- It is important that patients achieve the required range of motion for their sport and equal strength to the uninjured side before RTP. We aim for overhead activity at 3 months and return to play at 4.5 months.

Phase 1 – Post op Week 0-3

- Remain in sling, only removing for showering, specific exercise and elbow/wrist/Hand ROM. This includes at night.
- Avoid abduction / external rotation activity beyond "safe zone"
- No lifting of objects with operative shoulder
- Keep incisions clean and dry. Instruct re hygiene
- Stabilise scapular posture and commence scapular mobility.
- Cryotherapy for pain and inflammation
- Begin isometrics week 3

Phase 3 – (Weeks 6 -8)

- Wean from Sling
- Independence with ADL's
- Continue to gradually increase external rotation PROM, allow Full AROM. PROM example: External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction. Progress to full AROM in gravity resisted positions
- Enhance strength and endurance but avoid strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)
- Allow more aggressive posterior capsular stretching e.g. Cross arm and sleeper stretch.
- Push pectoralis minor length and Scapular retractor strengthening
- Rotator cuff musculature strengthening (open and closed chain isotonic)

Phase 5 (week 12-18)

- Gradual return to sport
- Can begin swimming including front crawl in controlled setting, golf, tennis and gradually increase overhead with throw and serve after week 16
- Gym: • Avoid Hyper ABER e.g. bench/military press or behind the head work. At week 15/16 progress to these movements with low % ORM and high reps initially and build after. Focus on accessory rehab and form control
- Introduce dynamic testing and test RTP criteria Weeks 16-20

Phase 2 – (Weeks 4 -5):

- Continue sling
- Follow PROM restrictions on post op sheet to avoid overstretching healing structures.
- Goal is Full flexion and internal rotation PROM and 30 degrees of external rotation at the side
- 6 Full flexion and elevation in the plane of the scapula
 - o Full Internal rotation
 - o External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
- Cuff isometrics in neutral except if surgery includes remplissage
- Begin gentle external rotation stretching in the 90/90 position after week 6

Phase 4 - (Week 8 -12)

- Gradual increase external rotation PROM and strengthening
- Avoid the anterior capsule stress with aggressive overhead strengthening
- Progress non-painful AROM muscular strength, stability as tolerated.
- PROM e.g. ER 65 degrees at 20 degrees abduction, to 70 degrees at 90 degrees abduction weeks 8-10 and progress as tolerated weeks 10-12
- Progress outer range strength

RTP criteria:

- Surgeon opinion
- Pain free shoulder full range without instability/apprehension
- Comparable strength to the contralateral shoulder