

# Dr. John Babb

12112 W. Kellogg, Wichita, KS 67235 – (316) 630-9300

#### 360° LABRAL REPAIR PROTOCOL

### **Day 1-13**

- **Immobilization**: Sling continuously worn with abduction pillow for 6 weeks. May remove sling for hygiene and exercise.
- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars
- Modalities: as needed for pain and inflammation control
- PRECAUTIONS: NO ISOLATED BICEPS CONTRACTIONS
- PROM:
  - o Flexion to 60 degrees
  - o Scaption to 60 degrees
  - o ER to 15 degrees
  - o IR to 15
  - o Elbow flexion/extension and wrist hand ROM
- Exercise:
  - Active ROM of wrist/hand
  - Sub-maximal isometrics for shoulder musculature

#### **Day 14-20**

- Immobilizer: continue continuous wearing schedule
- **Modalities:** Continue cryotherapy as needed
- PROM:
  - o Progress flexion to 75 degrees
- Exercise:
  - Scapular isometrics
  - o Rhythmic stabilization IR/ER (within ROM limitations)

# Day 21-27

- Immobilizer: continue continuous wearing schedule
- Modalities: Continue cryotherapy as needed
- PROM:
  - o Flexion to 90 degrees
  - o ABD to 85 degrees
  - o ER at 35 deg ABD: 30 degrees
  - o IR at 35 deg ABD: 25 degrees
- Exercise:
  - o Initiate tubing IR/ER at 0 deg ABD (within ROM limitations)
  - Scapular isometrics
  - o Continue rhythmic stabilization IR/ER (within ROM limitations)

# Day 28-41

- Immobilizer: continue continuous wearing schedule
- Modalities: Continue cryotherapy as needed
- PROM:
  - o Flexion to 145 degrees
  - o ER at 45 deg ABD: 50 degrees
  - o IR at 45 deg ABD: 30 degrees
- Exercise:
  - o Continue tubing IR/ER at 0 deg ABD (within ROM limitations)
  - Scapular isometrics
  - o Continue rhythmic stabilization IR/ER (within ROM limitations)

#### 6 Weeks Post-op

- Immobilizer: wean out of gradually
- PROM/AAROM:
  - o Gradually progress ER at 90 deg ABD: 40 degrees
- Exercise:
  - o Initiate light ROM at 90 deg ABD
  - o PNF against light manual resistance
  - o Initiate Active shoulder ABD (without resistance)
  - o Initiate Full can exercise
  - o Initiate Prone Rowing, Prone Horizontal ABD
  - NO BICEPS STRENGTHENING

#### 7-9 Weeks Post-op

- ROM:
  - o Progress to full PROM and AROM. Should be full passively at week 10.
  - o Begin stretching for anterior and posterior capsule

## Strengthening

o Progress isotonic strengthening

- o Initiate Thrower's Ten Program
- o Initiate Light Biceps curls at 8 Weeks Post-op
- o Initiate Triceps push downs at 9 Weeks Post-op

# 10-12 Weeks Post-op

#### • ROM:

- o Progress ER to thrower's motion
  - ER at 90 deg ABD:110-115 degrees
- o Continue stretching for anterior and posterior capsule

# Strengthening

o Progress strengthening as tolerated

## **3-4 Months Post-op**

#### • Exercise:

- Continue stretching
- Continue to progress strengthening
- o Initiate light bench press machine
- o Endurance Training
- Initiate light plyometric exercises
- o Restricted sports activities (swimming, half-golf swings)

# 4 Months Post-op

## • Exercise:

- o Continue all exercises above
- o Initiate interval sports throwing program
- o Initiate PNF D2 flexion/extension
- o Initiate non-contact sports

#### 5-6 Months Post-op

## • Return to sport:

- o Begin integrated throwing program of 20 ft with no windup.
- Isokinetic test should be 80% strength and endurance compared to involved side before beginning
- o Non throwing athletes can begin a sports specific program
- Return to full sport usually achieved at 8-12 months for non contact athletes and
  9-12 months for contact athlete

Progression within the individual time frames is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.