



# Mid-America Orthopedics

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## **ANTERIOR & POSTERIOR LABRAL REPAIR PROTOCOL**

### **Day 1-20**

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- **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
- **PRECAUTIONS: NO INTERNAL ROTATION**
- **Modalities:** as needed for pain and inflammation control
- **Exercise:** Active ROM of elbow /wrist/hand as tolerated
- **PROM:**
  - Flexion to 90 degrees
  - Abduction to 90 degrees
  - ER to neutral (0 degrees)
  - AVOID ALL INTERNAL ROTATION
  - Elbow flexion/extension and wrist hand ROM

### **Day 21-34**

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- **PRECAUTIONS: Avoid extreme internal rotation and external rotation**
- **Immobilizer:** continue continuous wearing schedule
- **Modalities:** Continue cryotherapy as needed
- **PROM:**
  - Progress to full PROM into flexion and abduction
  - Gentle pain free IR/ ER
- **Exercise:**
  - Isometric ER/IR (arm at side, elbow at 90)
  - Scapular isometrics

### **6-8 Weeks Post-op**

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- **Immobilizer: wean out of gradually**
- **PROM/AAROM:**
  - Advance to full in all planes
- **Exercise:**
  - Begin active external rotation isotonics
  - Active IR in supine with arm at side and elbow flexed to 90
  - Active shoulder flexion and abduction to 90 degrees allowed

### **9-12 Weeks Post-op**

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- **ROM:**
  - Progress to full PROM and AROM. **Should be full passively at week 10.**
  - Begin stretching for anterior and posterior capsule
- **Strengthening**
  - Isotonic strengthening with emphasis on RTC and posterior deltoid
  - Begin active IR with tubing
  - PNF patterns added
  - Increase horizontal abduction to starting position of 90 degrees of horizontal adduction

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

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- **Exercise:**
  - Focus on eccentric RTC strengthening
  - Add isokinetic strengthening and endurance ex for shoulder ER/IR with arm at side and horizontal abduction added

### **5 Months Post-op**

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- **Exercise:**
  - Focus on eccentric RTC strengthening and total body conditioning
  - Emphasize strength and endurance

### **6 Months Post-op**

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- **Return to sport:**
  - Begin integrated throwing program of 20 ft with no windup.
  - Isokinetic test should be 80% strength and endurance compared to involved side before beginning
  - 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.