

Orthopaedic Associates of Zanesville Sports Medicine Division Physical Therapy Protocols Brad E. Brautigan MD

Rehabilitation Guidelines for Arthroscopic Posterior Labral Repair and/or Capsulorrhaphy

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-4 Weeks:

- Abduction or External Brace x4 weeks
- Grip Strength, Elbow/Wrist/Hand ROM
- Codman's Exercises

4-6 Weeks:

- Discontinue brace at 4 weeks unless otherwise indicated
- Begin Passive→AAROM → AROM
- Restrict FF to 90°, ER at side to tolerance
- IR to stomach., No cross-body adduction
- No Manipulations per therapist
- Begin Isometric exercises with arm at side
- Deltoid/Scapular
- ER/IR (submaximal) with arm at side
- Begin strengthening scapular stabilizers

6-12 Weeks:

- Increase ROM to within 20° of opposite side. No manipulations per
- Therapist. Encourage patient to work on ROM daily.
- Cont. Isometrics
- Once FF to 140°, Advance strengthening as tolerated: isometrics bands / light weights (1-5 lbs.); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers.
- Only do strengthening 3times/wk. to avoid rotator cuff tendonitis Closed chain exercises

>12 Weeks:

- Advance to full painless ROM
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months