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POSTERIOR LABRAL REPAIR PHYSICAL THERAPY PROTOCOL/PRESCRIPTION

Name____

Diagnosis s/p RIGHT/LEFT Posterior Labral Repair

Date of Surgery_________________ Frequency: ______times/week Duration: _____ Weeks

______Weeks 0-3:
Sling in neutral rotation for 3 weeks (padded abduction sling)
Codman exercises, elbow and wrist ROM
Wrist and grip strengthening

______Weeks 3-6:
Restrict to FF 90°IR to stomach PROM□AAROM□AROM
ER with arm at side as tolerated
Begin isometrics with arm at side FF/ER/IR/ABD/ADD
Start scapular motion exercises (traps/rhomboids/lev. scap/etc)
No cross-arm adduction, follow ROM restrictions
Heat before treatment, ice after treatment per therapist's discretion

______Weeks 6-12:
Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
Once 140° active FF, advance strengthening as tolerated: isometrics□bands□light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
Only do strengthening 3x/week to avoid rotator cuff tendonitis Closed chain exercises

______Months 3-12:
Advance to full ROM as tolerated
Begin eccentrically resisted motions, plyo (ex. Weighted ball toss), proprioception (es. body blade)
Begin sports related rehab at 3 months, including advanced conditioning
Return to throwing at 4 months
Push-ups at 4 - 6 months
Throw from pitcher's mound at 6 months
MMI is usually at 12 months post-op

____Functional Capacity Evaluation ____Work Hardening/Work Conditioning __X__ Teach HEP
Modalities
_X__Electric Stimulation ___Ultrasound ___ Iontophoresis ___Phonophoresis __X__ Heat before
__X__Ice after ___Trigger points massage ___TENS __X__ Therapist's discretion

Signature____ Date________________