

## POSTERIOR LABRAL REPAIR PHYSICAL THERAPY PROTOCOL/PRESCRIPTION

**Name:** \_\_\_\_\_**Date:** \_\_\_\_\_**Diagnosis:** \_\_\_\_\_**Date of Surgery :** \_\_\_\_\_**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 à bands à 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

**Comments:**

**Frequency:** \_\_\_\_\_ **times per week**

**Duration:** \_\_\_\_\_ **weeks**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_