Post-operative Rehabilitation Protocol

Anterior Shoulder Stabilization (Labrum repair)

General Guidelines

- Supervised physical therapy typically takes place for 5-6 months after surgery
- You will be wearing sling full time for minimum 6 weeks
- Avoid jogging or running until 10-12 weeks after surgery
- Contact therapist or physician for questions or concerns

	Range of Motion	Immobilizer	Exercises
Protection Phase Weeks 0 - 2	No Shoulder ROM Elbow/wrist motion ONLY	Sling w/ abduction pillow at all times, except for hygiene	Ice: 20 minutes on, 20 minutes off every hour Exercises: Pendulums and grip strengthening
Therapy Phase 1 Weeks 2 - 6	Wks 2-4: PROM and AAROM including Forward elevation to 90°, ER to neutral with arm at side Wks 4-6: FF to 120°, ER to 20° with arm at side, ABD to 90° No combined ABD-ER	Sling w/ abduction pillow at all times, except for hygiene	Exercises: Continue pendulums, begin gentle isometrics at week 2, but no ER/IR Modalities: Per therapist – E-stim, Ultrasound, heat (before), ice (after)
Therapy Phase 2 Weeks 6 - 12	Progress FF as tolerated Begin AROM in all planes Initiate ER in 45° ABD at 10- 12 weeks	Discontinue sling	Exercises: Progress Phase 1 exercises. Begin resisted isometrics (No IR) Weeks 8+: Slowly progress to restricted exercises with bands. All strengthening below horizontal
Therapy Phase 3 Weeks 12-20	Initiate strengthening phase when achieve pain-free, symmetric ROM	None	Exercises: Slowly progress strengthening phase. Advanced isotonics. Initiate plyometrics (2-handed drills). i.e. chest pass. Scapular stabilization and eccentric strengthening Wks 16-20: Begin overhead exercises, light toss
Therapy Phase 4 Weeks 20+ Return to Sport	Full, painless ROM	None	Exercises: Progress functional activities toward return to sport. Isokinetic testing Functional assessment → Return to sport

