Cleveland Clinic
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Physical Therapy Protocol: Arthroscopic Posterior Labral Repair

Phase 1: Weeks 0 through 6 – Repair Protection

Physician Goals: Protect the posterior labral repair, which is at its most vulnerable during this time; decrease pain; prevent significant stiffness

Exercises: Active elbow, wrist, and hand range of motion 3 to 5 times per day; otherwise no shoulder range of motion for the first two weeks - NO pendulums or passive shoulder stretching. Beginning 2 weeks after surgery – begin passive seated or prone (avoid supine) forward elevation in the plane of the scapula to 90° maximum, no horizontal adduction past neutral, internal rotation beyond 20° or external rotation beyond 30°. Deltoid and rotator cuff isometrics in neutral rotation.

Comments: Sling with abduction pillow is to be worn at all times, including sleep, except when doing PT/home exercises or showering. Driving not recommended until sling is discontinued.

Total Visits: 12 – Once to twice per week with daily home stretching starting 2 weeks after surgery

Phase 2: Weeks 6 through 12 – Motion Recovery

Physician Goals: Continue to protect the posterior labral repair which is still not yet fully healed; continue to avoid stressing posterior labrum and capsule; continue to avoid weight bearing through the shoulder with the arm in forward elevation (plank, pushup, bench press positions)

Exercises: Passive stretching in forward elevation and external rotation without restrictions; once full forward flexion achieved, then begin active-assisted ROM and transition to active ROM as tolerated; continue to avoid cross body adduction stretch, sleeper stretch; OK for passive IR to 30° with the shoulder in 90° of abduction; cuff isometrics below shoulder height, upper body ergometer; begin strengthening scapular stabilizers

Comments: Wean from sling after 6 week follow up visit; no lifting anything heavier than a cup of coffee; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training

Total Visits: 18 – Two to three times per week with daily home stretching

Phase 3: Weeks 12 through 24+ – Strength Recovery

Physician Goals: Regain normal function of the shoulder beginning with activities of daily living and progressing to all activities without restrictions

Exercises: Passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes without restrictions on adduction or internal rotation, continue strengthening scapular stabilizers, progress resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; two hand plyometrics beginning at 4.5 months postop, transition to one as tolerated

Comments: Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; Golfers may begin putting at 3 months, chipping at 4.5 months and progress to full golf by 6 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 6 months, contact sports at 6 months, unrestricted weight lifting including bench press at 6 months; hitting program beginning at 16 weeks

Total Visits: 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT

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