



Orthopaedic Associates of Zanesville

Post Operative Physical Therapy Guidelines

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Anterior Labral Repair and/or Capsulorrhaphy/SLAP Repair

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: Maximal protection phase

- Sling Immobilization
- Protect anterior/posterior capsule from stretch, but begin passive ROM only POD 10-14
 - Supine Forward Elevation in scapular plane to 90°
 - External Rotation with arm at side to 30°.
- Grip Strength, Elbow/Wrist/Hand ROM
- Do NOT perform Codman's
- Begin Deltoid/Cuff Isometrics
- May remove sling for shower but maintain arm in sling position.
- Modalities PRN

**With Dr Burka repairs-
NO EXTERNAL
ROTATION PROM 0-4
WEEKS**

4-8 Weeks: Moderate protection phase

- Discontinue Sling at 4-6 weeks as tolerated
- Advance to AAROM and AROM (Limit FF to 140°, ER at side to 40°)
- Begin with gravity eliminated motion (supine) and progress. Do not force ROM with substitution patterns.
- Continue Isometric exercises
- Progress deltoid isometrics
- ER/IR (submaximal) with arm at side
- Begin strengthening scapular stabilizers

**With Dr Burka repairs-
SLING FOR 6 WEEKS**

8-12 Weeks: Minimal protection phase

- Advance to full, painless ROM. Gentle stretching at end ROM
- Initiate ER in 45° Abduction at 10-12 weeks
- Full AROM all directions below horizontal with light resistance
- Deltoid/Cuff progress to isotonic
- All strengthening exercises below horizontal

>12 Weeks:

- Strengthening phase
- Initiate when pain-free symmetric AROM.
- Progress as tolerated
- Only do strengthening 3x/week to avoid rotator cuff tendonitis

- Restore scapulohumeral rhythm.
- Joint mobilization
- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0°, 90°, 120°, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER
- Dynamic stabilization WB and NWB
- PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.
- All PRE's are below the horizontal plane for non-throwers.
- Begin isokinetic.
 - Begin muscle endurance activities (UBE).
 - High seat and low resistance
- Must be able to do active shoulder flexion to 90 degrees without substitution