TWIN CITIES ORTHOPEDICS

# Posterior Labral Repair with or without Biceps Tenodesis/SLAP Repair

**Jeremiah D. Johnson, MD**
Phone: 651-351-2684 | Fax: 952-955-6653

## PHASE I (APPROXIMATELY 4 WEEKS POST-OP)

1. Sling (with or without abduction pillow as directed by MD)
2. Cryotherapy prn
3. May begin gentle pendulum exercises
4. Active wrist/passive elbow ROM exercises
5. Grip exercises
6. Scapular exercises
7. Day 10-14 suture removal in clinic
8. Begin PROM (no active ROM for 8 weeks)
   - Elevation to 90◦ (**supine** flexion using contralateral arm, scapular plane elevation)
   - ER to 40◦ at 0◦, 45◦, 90◦ elevation in the scapular plane for 2 weeks, then
   - ER to 70◦ at 0◦, 45◦, 90◦ elevation in the scapular plane
   - IR to abdomen
   - NO IR behind back for 8 weeks
9. Aquatic therapy (4 weeks) (optional)
   - Shoulders totally submerged
   - Slow active motion within precautionary ROM with emphasis on good biomechanics.
   - No coronal plane abduction.

**Goals:**

- Patient education about the nature of the surgery, associated precautions and expected rehabilitation progression
- Protect rotator cuff repair and create an environment for optimal healing
- Control pain, swelling and inflammation
- Achieve PROM limits established above
- Establish stable scapula

**Criteria to Progress to Phase 2:**

- Surgical repair in early healing by adhering to precautions and immobilization guidelines
- Staged PROM goals achieved
- Minimal to no pain

## PHASE II (WEEKS 4-8)

1. Wean from sling/abduction pillow at 4 weeks in safe environments and desk based work. Use sling for 8 weeks around others and uncontrolled environments.
2. Passive ROM- Joint mobilization and stretching towards full ROM in all directions (emphasize isolated glenohumeral elevation)
   - Elevation to 140° (supine flexion using contralateral arm, scapular plane elevation)
   - ER to 40° at 0°, 45°, 90° elevation in the scapular plane
   - IR with thumb tip to L1 (40°)

3. Aquatic therapy- continue same exercises as in phase 1 without ROM limitations. Increase speed of movement as tolerated.

**Home Exercise Program:**
1. Stretching for full ROM in all directions
2. Passive exercise as directed by physical therapist
3. Cryotherapy prn

**Goals:**
- Continued protection of healing tissue with slow progression of activity (exercises and ADL's) from waist level first, and then slowly in more elevated positions
- Restore full PROM by week **10** (gradual restoration)
- Normalize AROM without overstressing healing tissue
- Minimize pain and inflammation (may ice after exercise)

**Criteria to Progress to Phase 3:**
- Full passive range of motion
- AROM with normalized mechanics for elevation without scapular shrug or other substitution patterns
- Pain level less than 2/10 with exercise and ADL

## PHASE III (WEEKS 8-12)

1. Glenohumeral/scapulothoracic joint mobilization/passive ROM- (target-achieve full ROM by 8 weeks
2. Strengthening
3. Active ROM/Initial Strengthening
    - Minimal manual resistance for isometric ER/IR at $0^{o}$, $45^{o}$, and $90^{o}$ in supine with arm supported as needed
    - Minimal manual resistance for rhythmic stabilization of glenohumeral joint at multiple angles in supine ($60^{o}$, $90^{o}$, $120^{o}$)
    - AAROM progressing to AROM for elevation in supine. Elevate head of bed as appropriate maintaining good mechanics.
    - AAROM progressing to AROM PNF D1/D2 diagonals in supine
    - ER in sidelying
    - Light periscapular strengthening as appropriate (prone rowing, prone shoulder extension)
    - Continue manual resistance- rhythmic stabilization for IR/ER (0, 45, 90 degrees abduction) and rhythmic stabilization (flex, ext, hor abd/add) at 45, 60, 90, 120 degrees elevation in scapular plane
    - AROM progressing to light manual resistance for PNF patterns
    - AROM elevation/scaption in standing (must be performed in ROM that allows for good biomechanics; use mirror for feedback)
    - Aquatic therapy- increases speed of movement, progress to using hand as a "paddle" and then to webbed gloves for increased resistance as tolerated.
    - Slowly add light resistance (theraband or light dumbbells) as patient gains control of movement with good biomechanics. Include the following exercises:
        - Elevation in scapular plane (initially supine, progress to inclined, then upright)
        - Prone rowing
        - Serratus "punches"
        - Sidelying ER
        - Prone extension, hor abduction
        - ER and Extension with theraband
        - Progress to IR on light pulleys or theraband
        - Progress to **U**pper **B**ody **E**rgometer (low resistance)

**Home Exercise Program:**

1. Passive stretching for FROM
2. Light strengthening exercises as directed by PT

**Goals:**

- Full AROM with normalized mechanics in all planes
- Normalized muscle strength in the rotator cuff, scapular stabilizers, and shoulder primary movers
- Return to ADL's, work and recreational activities without pain or disability

**Criteria for Return to Work/Sport:**

- Clearance from physician
- Pain free at rest and minimal pain with the work or sport specific activity simulation
- Sufficient ROM and strength with normalized mechanics for the activity.

## PHASE IV (12-16 WEEKS)

Refer to physician for advice regarding specific activity restriction

1. Joint mobilization (glenohumeral/scapulothoracic) and PROM as needed if FROM not yet achieved
2. Progress strengthening exercises in phase 3 with increasing weight as tolerated
3. Add gym machines as appropriate (chest press, rowing, latissimus pulldown, triceps, biceps) and IR/ER at 90 degree abduction
4. May start isokinetics for IR/ER beginning in a modified position with moderate speeds (120$^{o}$-240$^{o}$)

**Home Exercise Program:**

1. Stretching to maintain ROM as needed
2. Strengthening as directed by PT. Pt should have independent strengthening program prior to discharge from PT

## PHASE V (16-24 WEEKS)

Refer to physician for advice regarding specific activity restriction

1. Functional progression for sports and activity-specific tasks (i.e. golf, tennis)
2. Interval sport programs as indicated
3. Plyometrics with pitchback
4. Advanced strengthening as indicated