



Ms. Ruth A. Delaney, FRCS

Consultant Orthopaedic Surgeon, Shoulder Specialist
Sports Surgery Clinic - Beacon Hospital

Correspondence to: Suite 4, Sports Surgery Clinic, Dublin 9, Ireland.

Tel: +353 1 5262335 Fax: +353 1 5262336

Email: info@dublinshoulder.com

Arthroscopic Posterior Labral Repair/Posterior Stabilisation Protocol:

This protocol is intended as a guideline to the post-operative rehabilitation pathway for a patient who has undergone an arthroscopic reverse Bankart repair. It is not intended as a substitute for a Chartered Physiotherapist's clinical decision-making regarding how the patient is progressing. Clinical exam findings, individual progress, and/or the presence of post-operative complications will determine progress through the pathway. If there are any concerns as to how your patient is progressing, please contact Dublin Shoulder Institute.

Patients are discharged from hospital wearing a Shoulder Immobiliser (DonJoy Ultrasling III) and with a home exercise programme consisting of AROM for elbow/ wrist / hand. The immobiliser should ideally be positioned with the cushion around by the patient's side in order to hold the shoulder in neutral rotation or slight external rotation (avoid an internally rotated resting position).

Patients will then attend for a post-op review approximately two to three weeks after surgery before attending with their Chartered Physiotherapist.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I - Immediate Post Surgical Phase (Day 1-21):

Goals:

- Protect the surgical repair
- Reduce pain and inflammation
- Enhance adequate scapular function
- Achieve appropriate range of motion (ROM)

Precautions:

- **Remain in sling, only removing for showering and elbow/wrist ROM**
- Patient education regarding avoidance of abduction / internal rotation activity to avoid anterior inferior capsule stress
- NO Active Range of Motion (AROM) of shoulder
- NO lifting of objects with operative shoulder
- Keep incisions dry and clean until Day 14

Weeks 1-3:

- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Sleep with sling supporting the operative shoulder
- Shower with arm held at the side in a neutral position. Avoid hand on belly position.
- Use ice for pain and inflammation
- Advise patient of low-level kinetic chain exercises where appropriate (bridge, single leg bridge, hip hinge)
- Patient education: posture, joint protection, positioning, hygiene, etc.

Phase II – Protection Phase/PROM (Weeks 4 and 5):**Goals:**

- Gradually restore PROM of shoulder
- DO NOT over stress healing tissue

Precautions:

- Follow surgeon's specific PROM restrictions - internal rotation to be limited to 30° until 6 weeks post op
- AROM usually allowed to start at 4 weeks post op when weaning out of sling
- NO lifting (even if no pain or other symptoms)

Criteria for progression to the next phase:

- Full flexion and external rotation PROM
- **PROM 30°** of internal rotation at 20° abduction

Weeks 4-5

- Continue use of sling until end of week 4 (see patient-specific instructions)
- PROM (gentle), unless otherwise noted by the surgeon
- Full flexion and elevation in the plane of the scapula
- Full external rotation – as comfortable.
- Glenohumeral joint mobilisations (Gd I/II traction)

- Internal rotation to 30° at 20° abduction, to 30° at 90° abduction
- Pendulums
- Sub maximal pain free rotator cuff isometrics in neutral
- Continue ice as needed
- Progress kinetic chain where appropriate
- Continue all precautions and joint protection

Phase III – Intermediate phase/AROM (Week 6 - Week 10):

Goals:

- Continue gradual increase of internal rotation
- Full AROM
- Independence with ADLs

Precautions:

- Patient to remove sling at six weeks post-op if they have not already done so (see patient-specific instructions, typically four weeks in sling but in some cases six weeks)
- NO aggressive ROM / stretching
- NO lifting with affected arm
- NO upper limb strengthening activities

Criteria for progression to the next phase:

- Able to begin gentle internal rotation stretching in the 90/90 position
- Full ROM restored in all other planes

Weeks 6 - 10

- PROM (gentle), unless otherwise noted by surgeon: internal rotation to 30-50° at 20° abduction, internal rotation 45° at 90° abduction
- Begin AROM of shoulder: progress to full AROM in gravity resisted positions
Begin implementing more aggressive posterior capsular stretching: side lying internal rotation stretch/"sleeper stretch" (only if tolerated from pain perspective, if irritant then avoid), cross arm stretch, stretch behind back using towel/belt
- Posterior/inferior glenohumeral joint mobilization
- Continue to progress kinetic chain where appropriate
- Enhance pectoralis minor length
- Strengthen scapular retractors
- Use of ice as necessary

Phase IV - Strengthening Phase (Week 10 - Week 16)

Goals:

- Continue to increase internal rotation PROM gradually
- Maintain full non-painful AROM
- Normalise shoulder strength, joint stability and muscular endurance
- Gradually progress activities with ultimate return to full functional activities

Precautions:

- Strengthening to begin ONLY after approval by surgeon (timing of strengthening may vary on an individual case-by-case basis)
- DO NOT stress the posterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 10-12

- Continue stretching and PROM: IR to 65° at 20° abduction, IR to 75° at 90° abduction, unless otherwise noted by surgeon
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)

Weeks 12-16

- Continue stretching and PROM all planes to tolerance
- Continue to progress strengthening programme
- Rehab programme should include sports specific drills where appropriate

Phase V - Return to activity phase (Week 16 - Week 24)

Goals:

- Gradual return to sports activities
- Gradual return to recreational activities
- Gradual return to strenuous work activities

Precautions:

- Do not begin throwing, or overhead athletic moves until 6 months post-op
- Weight lifting: avoid wide grip bench press

Weeks 12-16

- Continue progressing stretching and strengthening programme
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above

Weeks 16-20

- Can begin golf, tennis (no serving until 6 months.), etc.
- May initiate a cardio strength programme if appropriate

Criteria to return to sports and recreational activities:

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non- operative shoulder.