

Arthroscopic Labral Repair (Bankart, SLAP, Posterior)  
Standard Rehabilitation Protocol  
E. Edward Khalfayan, M.D.

**Phase 1 Week 1-4**

Remain in the shoulder immobilizer except when showering or doing exercises. Take the arm out of the immobilizer to move the wrist/fingers and the elbow using the opposite arm a few times per day. Apply ice or cooling pad 20 minutes every 1-2 hours while awake for the first week then less frequently as pain and swelling decrease.

- Office visit at 7-10 days post op

**Week 1-4**

- Codman pendulum exercises
- Modalities
- Elbow/wrist ROM
- Hand gripping
- Shoulder passive ROM until the end of week 4 with following restrictions:
  - Forward flexion
    - 0- 90 degrees
  - Abduction
    - 0-90 degrees
  - External rotation
    - 0-30 degrees
  - Internal rotation
    - 0-30 degrees for SLAP Repair, no restriction for Bankart Reconstruction, 0 degrees for Posterior Labral Repair
- May sleep without the shoulder immobilizer at the end of 4 weeks
- Start stationary bike at week 2 in the shoulder immobilizer if comfortable

**Week 4**

- Isometrics for RC and scapular stabilizers (low row)
  - 4 way progress as tolerated
  - Elbow straight for scapular stabilizers
- Scapular clock
- Scapular retraction
- AAROM with no ROM restrictions

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**Phase 2 Weeks 5-7**

Week 6

- Begin active range of motion, no restriction on any ROM at this point, goal is for full ROM at week 10-12
  - Wall slides
  - Wand work
  - Avoid 90/90
- Rhythmic stabilization drills
- Serratus Punches
  - Start with no resistance, progress as tolerated
- Cardinal planes (FF, ABD, EXT)
  - Start with no resistance, progress as tolerated

Week 7

- UBE
  - Limit repetitive extension and FF if painful

**Phase 3 Weeks 8-11**

- Office visit week 8
- Start high reps low resistance
- ITY
  - Start with no weight
  - Thumbs up
- Start Theraband PRE
  - IR/ER with towel under elbow
- D1, D2 patterns
  - Theraband
  - Hand weights
- Start jogging at week 8 or when comfortable
- Full ROM 10-12 weeks
- Start **core strengthening** - should be emphasized for duration of rehabilitation
- Body Blade
  - All planes of motion
- Wall Push-ups
- Prone horizontal abduction
  - Start with 1lb weights and progress as tolerated for 3 sets of 15-20 repetitions
- Full/ empty can with weights
  - Start with full can and progress to empty when tolerated
  - Start with 1lb weights and progress as tolerated for 3 sets of 15-20 repetitions

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**Phase 4 Weeks 12-17**

- Office visit at week 12
- Rowing machine
  - Emphasize scapular kinetics and strength
- Cable pull ups

**Week 16**

- Office visit
- Start plyometrics
- Progress into weight room if cleared by MD
  - Shrugs
  - Lat pull downs
  - Upright rows
  - Bench
    - Start with dumbbells, no bar
    - Begin with block or on the ground when starting with the bar
- Institute throwing program as tolerated
  - Receive protocol at this visit
- Continue with muscular and core strengthening
- Baseball - Start hitting progression
  - Tee
  - Soft toss
  - Cage
  - Live hitting

**Phase 5 Week 20**

- Progress to full weight room activities
- Office visit at week 24
  - Must have MD clearance to begin throwing bullpens/off the mound or for full participation in sports
- Functional sport specific activities

Return to sport is based on return of range of motion, strength, stability, and ability to perform functional activities of the sport. This may occur as early as 4 months or as long as 12 months after surgery.