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## Arthroscopic Posterior Labral Repair Rehabilitation Protocol

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### **Phase I: (0 to 6 weeks after surgery)**

#### Goals: Protect Repair

1. Patients may remove dressing and shower 5 days after surgery. You may get the incision wet.
2. Sutures will be removed in clinic at your 1<sup>st</sup> follow up visit. These should be left in place.
3. Ice is recommended to reduce swelling and help with pain. You should continue this for the first week at a minimum. Apply the ice to the surgical site 3-4 times per day once the nerve block has worn off.
4. You should maintain your sling when not performing exercises.
  - a. Initiate the following exercise program 3 times per day:
    - i. Immediate elbow, forearm, wrist, and hand range of motion out of sling . You may perform nonresistance, non-weight bearing use of the hand for activities such as typing on a computer or using a tablet computer.
    - ii. Start very gentle pendulum exercises.
    - iii. At the 2-week mark from surgery, you will start passive and active assistive Passive and active assistive ER at the side to 60, scapular plane abduction to 90, forward elevation to 90 only
    - iv. You may start active scapular mobility exercises at 4 weeks from surgery – Must keep the shoulder musculature relaxed.
    - v. No IR ROM and forward elevation greater than 90.
    - vi. No lifting or weight bearing with the operative arm.

### **Phase II: (6 to 12 weeks after surgery)**

#### Goals: Progress ROM & Protect Repair

1. Stop use of the sling.
2. No lifting weights of more than 5 on your operative arm
3. Advance active and passive ROM in all planes to tolerance.
  - a. ER at the side and scapular plane elevation
  - b. Extension to tolerance
  - c. IR to 30 when arm is abducted
4. Initiate gentle rotator cuff strengthening.
5. Initiate scapular stabilizer strengthening.
6. You should avoid the combination of both abduction and ER ROM, active or passive.

### **Phase III: (3 months after surgery)**

#### Goals: Return to Full Function

1. Stop all lifting restrictions.
2. Begin performing combined abduction and ER ROM and capsular mobility
3. Progress on your rotator cuff and scapular stabilizer strengthening.
4. Begin functional progression to sports specific activities at 4 months.