SHAYNE KELLY, DO
ORTHOPEDIC SPORTS MEDICINE · TRI-CITY ORTHOPEDICS

POST-OPERATIVE REHABILITATION PROTOCOL

Shoulder Labral Repair

Posterior Stabilization / Labral Repair

0–4 Weeks PROTECT THE REPAIR

- Abduction or External Brace x4 weeks; grip strength, elbow/Wrist/Hand ROM; comans exercises

GOALS Protect the repair

4–6 Weeks PROGRESS MOTION

- Discontinue brace at 4 weeks unless otherwise indicated; begin passive→AAROM → AROM
- Restrict FF to 90°, ER at side to tolerance; IR to stomach., No cross-body adduction; no manipulations per therapist
- Begin Isometric exercises with arm at side; deltoid/Scapular; ER/IR (submaximal) with arm at side
- Begin strengthening scapular stabilizers

GOALS Progress motion

6–12 Weeks ACTIVE MOTION

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM daily.
- Cont. Isometrics; once FF to 140°, advance strengthening as tolerated: isometrics →
- Bands → light weights (1–5 lbs); 8–12 reps/2–3 set per rotator cuff, deltoid, and scapular stabilizers.
- Only do strengthening 3times/wk to avoid rotator cuff tendonitis; closed chain exercises.

GOALS Full ROM, no apprehension

3–12 Months STRENGTHEN & RETURN

- Advance to full painless ROM
- Begin eccentrically resisted motions, plyometrics (ex. weighted ball toss), proprioception (ex. body blade), and closed chain exercises at 12
- Weeks; begin sports related rehab at 3 months, including advanced; conditioning; return to throwing at 4 ½ months
- Throw from pitcher’s mound at 6 months; MMI is usually at 12 months

GOALS Sport preparation

Return to Sport & Discharge Criteria

- Full pain-free ROM, including ER without apprehension
- Cuff and periscapular strength ≥90%; sport drills without instability
- Contact sport per Dr. Kelly (commonly ≥5–6 months); throwers complete an interval throwing program

Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.

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