

Grant H Garcia, MD
 2409 North 45th Street,
 Seattle, WA 98103
 Wallingford: 206-633-8100
 Ballard: 206-784-8833



SUPERIOR LABRAL REPAIR REHABILITATION PROTOCOL

| | RANGE OF MOTION | IMMOBILIZER | EXERCISES |
|----------------------------------|--|---|--|
| PHASE I 0-4 weeks | Active/active-assisted stretch to 45° ER, 140° forward flexion, IR as tolerated | 0-2 weeks: Immobilized at all times day and night Off for gentle home exercise only 2-4 weeks: Worn daytime only | Wrist/hand ROM, grip strengthening, isometric abduction External/internal rotation w/ elbow at side Begin cuff/deltoid isometrics at 2 weeks; closed chain scapula |
| PHASE II 4-8 weeks* | Increase forward flexion and internal/external rotation to full ROM as tolerated | None | Advance isometrics in Phase I to use of theraband, continue with wrist/hand ROM and grip strengthening Begin prone extensions and scapular stabilizing exercises, gentle joint mobs |
| PHASE III 8-12 weeks | Progress to full AROM without discomfort | None | Advance theraband exercises to use of weights and progress Phase II work Cycling and upper body ergometer at 8 weeks Outdoor running and planks/push-ups at 10 weeks |
| PHASE IV 12-20 weeks** | Full and pain-free | None | Advance Phase III exercises Begin functional progression to return to previous activity level*** Throwers may begin interval throwing program at 16 weeks |

*6-8 weeks is required for healing of the biceps labrum, therefore, avoid activities that stress the repair (i.e. active biceps exercises, forceful extension, etc.)

**Patient may return to the weight room at 3 months, if appropriate

***Patient may return to competitive sports, including contact sports, by 5 months, if approved