



Labral Repair Protocol

Phase 1

- **Sling:** **Wear sling at all times, including while sleeping. Weeks 0-6**
 - Do not allow the arm to jolt/drop as this may damage the repair
- **Weeks 0-6**
 - Perform scapular stability (shrugs, retraction) and grip exercises as shown
 - PASSIVE flexion/extension of elbow twice daily as shown (do not over-extend)
 - Wrist and hand motion such as typing okay after 5 days. (Do not rotate the arm away from the body/stomach more than 90°). Minimal movement such as light grip/relaxing of the hand is encouraged soon after surgery.
 - **No resistance/ holding objects with the arm/hand greater than 1-2 lb**

Phase 2

- **Weeks 6-9**
 - Begin assisted active ROM, then active ROM in all planes as guided by physical therapy
 - Goals: Forward elevation 140°+, external rotation 40°+, abduction 90°+
 - Avoid throwing position
 - Addition of home exercise program as directed by physical therapist
 - Wall climb, wand exercises (begin supine if needed), towel slide, etc.
 - **No resistance/ holding objects with the arm/hand greater than 3-4 lb**
- **Weeks 9-12**
 - Goals: Achieve full ROM without pain, including overhead movement with proper scapulohumeral rhythm.
 - Slowly increase external rotation in abduction by 5°- 10° per week, do not push excessively to match other side.
 - **No resistance/ holding objects with the arm/hand greater than 3-4 lb**

Phase 3

- **Weeks 12+**
 - Begin strengthening program as directed (usually 50-75% effort, limit 3x/wk max)
 - May begin light swimming (avoid extreme internal/external rotation)
 - May begin throwing program if desired/approved
 - **We advise against intense sports/activity with likely impact, falls, or risk of forceful twisting of the shoulder until 6 months post-op**