

Nikhil Verma, MD
Hailey Merk, MSM, MMS, PA-C
Lisa Raaf, MS, PA-C
1611 W. Harrison, Suite #300
Chicago, IL 60612
Vermapa@rushortho.com
Fax: 708-409-5179
www.sportssurgerychicago.com

MIDWEST
ORTHOPAEDICS
at RUSH



Post-Operative Rehabilitation Guidelines for Posterior Stabilization/Labral Repair

- 0-4 Weeks:** Abduction or External Brace x4 weeks
Grip Strength, Elbow/Wrist/Hand ROM
Codmans Exercises
- 4-6 Weeks:** 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
- 6-12 Weeks:** Increase ROM to within 20° of opposite side. No manipulations per Therapist. Encourage patient 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.
- 3-12 Months:** 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