



Posterior Stabilization/Labral Repair

Post-Operative Rehabilitation Protocol

0-4 Weeks:

- Abduction or external brace x 4 weeks
- Grip strength, elbow/wrist/hand ROM
- Codman's 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
- Continue 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
- Begin sports related rehab at 4.5 months, including advanced conditioning
- May begin throwing at 6 months ([Interval Throwing Program](#))
 - **Throwing Prep Screen prior to initiating throwing. Schedule via QR code 1 or spc@rushortho.com
 - **Throwing Assessment when throwing at 80%+ effort or on the mound. Schedule via QR code 2 or spc@rushortho.com
- Collision sports at 9 months
- **Upper Body Assessment for non-throwers initiating return to activity progression. Schedule via QR Code 3 or spc@rushortho.com
- MMI is usually at 12 months post-op

