AMERICAN HIP INSTITUTE
& ORTHOPEDIC SPECIALISTS

999 E. Touhy Ave. Suite 450
Des Plaines, IL 60018

Arthroscopic Labral Repair / Shoulder Stabilization
(+/- mini open biceps tenodesis)
Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following shoulder surgery. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please use the following exercise progression timelines and precautions during your treatments.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

Begin formal physical therapy at 2 weeks after surgery, 2-3 times per week.

NOTE: Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of during physical therapy and during the following exercises:

Post op day 1 – 2 weeks postop (at home activities):

Perform Pendulum twice daily

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(for biceps tenodesis, pendulum supported with opposite arm)

Passive and Active ROM of Elbow and Wrist

(for biceps tenodesis, NO Active contraction of biceps for 6 weeks. Passive ROM of Elbow and Wrist only)

Postural Education: "Scapular Squeezes" 3x10 with 3-5 second holds 2-3 times daily

2 weeks postop- 6 weeks postop:

Start Physical Therapy

Passive ROM of shoulder:

Flexion in scapular plane to 120 degrees
Abduction to 90 degrees
ER at side to 45-60 degrees in scapular plane
IR at side to resting position

Gentle Soft Tissue Massage
Gentle Posterior Joint Mobilization (Grades I-II)
Postural Education to minimize compensation and emphasize upper trapezius relaxation
Continue with at-home exercises

6 weeks postop – 9 weeks postop:

Discontinue use of sling
Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:
Regain shoulder PROM in all directions to WFL; no aggressive stretching
Active Assisted ROM of shoulder:

Flexion/abduction/IR/ER progression within pain-free ROM from supine to upright
*wand/pulleys/wall/table

Soft Tissue Massage (shoulder complex, thoracic, cervical)
Gentle Posterior Joint Mobilization (Grades I-II)
Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction
Scapular Stabilization exercises

9 weeks postop – 12 weeks postop:

Warm-Up shoulder: can start Retro UBE below 90 degrees flexion
Active ROM of Elbow, Wrist and Hand
Passive ROM of shoulder:

Continue with PROM as needed; no aggressive stretching.

Active Assisted ROM of shoulder:

Continue as needed within all ranges

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AROM of the shoulder:
Start shoulder AROM progression within pain-free tolerance, focusing on prevention of upper trap compensations.

Progress Isotonic Strengthening as tolerated:
Prone, supine, standing and side-lying exercises with light resistance
Ex: prone row, extension, Horz Abd; S-L ER; supine punches; bicep/tricep; latissimus below 90 degrees abduction
*Emphasize correct scapulohumeral function
Initiate IR/ER at neutral (0 degrees of abduction) with tubing
*Place towel roll between elbow and side
Initiate Rhythmic Stabilization at 90 degrees flexion
Initiate gentle stretching towel and side-lying IR stretch
Initiate gentle posterior capsule stretch
Soft Tissue Massage (thoracic musculature, shoulder complex, pec minor, cervical)
Joint Mobilization: glenohumeral (posterior/inferior), thoracic spine/ribs
Scapular Stabilization exercises

12 weeks postop – 16 weeks postop:

Warm-Up shoulder UBE for endurance and/or elliptical
Active ROM
Continue to progress per ADL demands

Initiate PNF patterns progress to PNF with tubing
Progress Isotonic Strengthening exercises:
Advance progression of deltoid, biceps, triceps, latissimus strengthening
Advance ER/IR exercises to elevated position for overhead athletes
Advance Closed Chain exercises as tolerated
Advanced eccentric strengthening of posterior cuff and scapular musculature

Initiate light plyometrics
Soft Tissue Massage (thoracic musculature, shoulder complex, pec minor, cervical)
Joint Mobilization: glenohumeral (posterior/inferior), thoracic spine/ribs
Continue posterior capsule and IR stretching

16+ weeks postop:

Active Warm up
ROM
Continue to progress PROM, AAROM and AROM as needed for ADL and sport demands
Progress Strengthening
Continue to progress muscle strength and endurance
Continue to progress sports specific activities

Initiate light tossing if full ROM is achieved in all planes

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Begin with single knee throwing emphasizing proper throwing mechanics and follow through progress to 15 ft standing throws with proper technique
Begin throwing progression once above has been achieved

Restricted sports activity (light swimming; half golf swings)
Sports specific activities

No contact sports until 6 months post op

Return to Sport:

Follow up and medical clearance to return to sport from your physician.
Full throwing status at 6-8 months and successful completion of throwing program
Non-contact sport approximately 3 months
Contact sport 6 months

Note: *Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.*