Dr. Hagan Labrum Repair Rehabilitation Protocol

Overview

This procedure is performed on patients suffering recurrent shoulder instability despite conservative treatment. The surgical procedure involves an anterior deltopectoral approach. Bankart lesions are repaired along with capsular tightening as necessary.

Week 1:

- Immobilize continuously
- Shoulder isometrics may be initiated as soon as tolerated while in the sling/brace
- Grade I and II joint accessory oscillations may be performed
- Elbow, forearm and hand flexibility and strength should be addressed
- Brace/sling can be removed twice daily for gentle passive abduction, flexion, and external rotation and to allow the shoulder to adduct

Week 2:

- Clinic visit

Week 3:

- The sling should be removed periodically throughout the day to perform Codman exercises
- Cane exercises can be initiated
- Do *NOT* passively force external rotation for the first 6 weeks.
- **For POSTERIOR labrum repairs, do NOT passively force external or internal rotation for the first 6 weeks. No bicep loading.*

Week 5:

- Active range of motion. Can continue cane and pulley exercises as needed

Week 6:

- Clinic visit
- Gentle PREs for strengthening of the shoulder girdle and rotator cuff. Full range of motion is expected 8-12 weeks post-operatively.

Week 10:

- Clinic visit

Week 12:

- Full range of motion expected. An isokinetic strength test may be performed. All cardinal plane motions are desired, however, internal and external rotation in 90° abduction is required. We suggest testing at 60 or 90/sec and another test at a higher velocity if tolerated. When the isokinetic test indicates adequate strength and endurance (90%) a throwing program can be initiated.

6 months:

- Return to sports when strength and flexibility are within normal limits and when functional rehabilitation has been addressed.