

Anterior Shoulder Stabilization/Labral Repair Guideline

Individual patient circumstances may affect the guideline
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> • Protect surgical site • Reduce muscle atrophy • PROM up to: <ul style="list-style-type: none"> ○ Flexion 0-120 degrees ○ ER 0-20 degrees in neutral 	<ul style="list-style-type: none"> • ROM (0-2 weeks): elbow/wrist ONLY • PROM and AAROM (2-4 weeks) <ul style="list-style-type: none"> ○ Flexion: 0-90 degrees ○ ER to neutral with arm at side • PROM and AAROM (4-6 weeks) <ul style="list-style-type: none"> ○ Flexion: 0-120 degrees ○ ER : 0-20 degrees ○ Abd: 0-90 degrees ○ Avoid extension • No combined ABD-ER • Sling at all times 	<ul style="list-style-type: none"> • Modalities <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day ○ BFR, if applicable • Codman's/pendulum • Wrist/Hand AROM • Shoulder PROM/AAROM per restrictions • At 4 weeks – Submax isometrics in ER/IR • Weeks 4-6 –scapular stabilizer strengthening
Weeks 6-12	<ul style="list-style-type: none"> • Achieve full ROM as tolerated • Building towards full shoulder motion in all planes • Avoid overstressing repaired tissue at anterior shoulder • Strength within 90% LSI in neutral position 	<ul style="list-style-type: none"> • Discharge from sling at 6 weeks • Avoid forceful movements into ER+Abduction or Horizontal Abduction • No anterior directed glides • Closed-chain activities @ <ul style="list-style-type: none"> ○ 12 weeks for anterior stabilization 	<ul style="list-style-type: none"> • Continue BFR as needed • ROM: as tolerated <ul style="list-style-type: none"> ○ Joint mobilization if needed (posterior/inferior) • Submax rhythmic stabilizations ER/IR in neutral • Rotator cuff strengthening in non-provocative positions • Scapulothoracic strengthening • Prone, side-lying strengthening • Core strengthening • Cardiovascular exercises: <ul style="list-style-type: none"> ○ Walking, stationary bike, stairmaster ○ No swimming, treadmill ○ No running • Total arm strengthening
Weeks 12-20	<ul style="list-style-type: none"> • Full ROM in all planes • Strength ≥ 90% LSI in neutral shoulder position 	<ul style="list-style-type: none"> • No ROM restrictions • Avoid swimming, throwing sports • Avoid contact activities • Closed-chain activities @ <ul style="list-style-type: none"> ○ 12 weeks for anterior stabilization 	<ul style="list-style-type: none"> • End-range stretching • Joint mobilizations if needed • Continue with strengthening • May initiate <ul style="list-style-type: none"> ○ Banded shoulder strength in 90/90 position ○ Velocity based strengthening <ul style="list-style-type: none"> • Neutral at 12 weeks • 90/90 position at 16 weeks ○ Closed-chain strengthening (push up @ wall) • Discuss sport mechanics with therapist
Weeks 20+	<ul style="list-style-type: none"> • Full ROM in all planes • Strength ≥ 100% LSI in 90/90 position • Progression through overhead athlete program • Improve capacity for sport-specific demands 	<ul style="list-style-type: none"> • See OH athlete program for progressions based on tolerance • Return to contact sport between 5-7 months post-op with surgeon approval 	<ul style="list-style-type: none"> • Motion – posterior glides if capsule tightness • Continue with strengthening listed above • Progress with velocity based strengthening <ul style="list-style-type: none"> ○ Shoulder plyometrics • Initiate overhead athlete program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.