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PHYSICAL THERAPY PROTOCOL

Posterior Labral Repair — Posterior Shoulder Stabilization

Arthroscopic posterior capsulolabral repair

The posterior labrum and capsule have been repaired. Early rehabilitation protects the repair by avoiding internal rotation, cross-body adduction, and loaded forward flexion, which stress the posterior structures. A neutral or slightly externally-rotated brace is often used.

General Precautions

- Sling or gunslinger/neutral-rotation brace for 4–6 weeks.
- Avoid internal rotation, cross-body (horizontal) adduction, and forward flexion past 90° early.
- No pushing motions or weight bearing through the arm for 6 weeks.
- Avoid the flexion + adduction + internal-rotation position.

Phase I — Protected Motion Weeks 0-6

Goals

- Protect the posterior repair
- Control pain
- Begin protected passive motion

Precautions / Restrictions

- Brace/sling except exercise/hygiene
- No IR past neutral, no cross-body adduction
- Flexion limited to 90° early
- No pushing / no weight bearing through arm

Exercises & Interventions

- Pendulums
- Passive ER (comfortable, encouraged)
- Passive flexion to 90° progressing toward 120°
- Elbow/wrist/hand motion
- Sub-maximal isometrics avoiding IR/adduction
- Scapular setting

Criteria to Advance

- Repair protected 6 weeks
- Passive flexion ≥120°

Phase II — Progressive Motion Weeks 6-12

Goals

- Restore full motion
- Wean brace

Precautions / Restrictions

- Progress IR and cross-body adduction gradually — no aggressive posterior stretch

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Exercises & Interventions

- Discontinue brace by ~6 weeks
- Progress flexion and IR to full
- Active motion all planes
- Begin rotator cuff and scapular strengthening (avoid heavy pressing early)

Criteria to Advance

- Full motion in all planes
- No posterior apprehension

Phase III — Strengthening Weeks 12–16

Goals

- Restore strength and dynamic posterior stability

Exercises & Interventions

- Progressive resistive cuff/scapular strengthening
- Posterior cuff emphasis (prone rows, ER)
- Rhythmic stabilization and proprioception

Criteria to Advance

- Full symmetric motion
- Strength ≥80% opposite side

Phase IV — Return to Sport Months 4–6

Goals

- Return to sport and contact activity

Exercises & Interventions

- Advanced strengthening and plyometrics
- Sport-specific progression; pressing / blocking drills as cleared

Criteria to Advance

- Symmetric strength and motion
- Return to contact sport typically ~5–6 months

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.