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# Arthroscopic Anterior Labrum Repair

## REHABILITATION PROTOCOL

| PHASE | RANGE OF MOTION | IMMOBILIZER | THERAPEUTIC EXERCISE |
|---|---|---|---|
| **Phase I**<br>**0–2 weeks**<br>GOAL TO ADVANCE<br>*ROM limits met; ≥2 weeks post-op* | Passive: forward flexion 70-90°, scaption to 90°, ER 0-10° (scapular plane), IR to 45°/chest wall. No active ER, extension or abduction | Sling at all times, including sleep, except hygiene and exercise | Pendulums, grip, elbow/wrist/hand ROM, scapular isometrics |
| **Phase II**<br>**2–6 weeks**<br>GOAL TO ADVANCE<br>*ER 50-55° in scapular plane by week 6* | Increase ER about 10° per week (scapular plane); forward flexion to 140°. NO ER with arm at 90°. Active-assisted at week 4; active at weeks 4-6 | Sling for 4-6 weeks per physician | Week 4: gentle isometrics with arm at side, rhythmic stabilization in protected range |
| **Phase III**<br>**6–12 weeks**<br>GOAL TO ADVANCE<br>*Full pain-free motion; <20% strength deficit* | Flexion to 160° by week 10. ER at 90° abduction from weeks 6-8: 75° by week 8, 90° by week 10 | None | Weeks 7-8: light cuff/scapular strengthening below shoulder height, arm bike; bands week 8; Thrower's Ten; wall push-up week 12 |
| **Phase IV**<br>**3–6 months**<br>GOAL TO ADVANCE<br>*ER/IR strength ≥90% of other side* | Full; posterior capsule stretching | None | Plyometrics, diagonal patterns, push-up progression, modified weight lifting*, interval throwing/sport program** |
| **Phase V**<br>**6+ months**<br>GOAL TO ADVANCE<br>*Physician clearance* | Full without discomfort | None | Full sport-specific training. Contact/collision sports at 6 months or later** |

**NOTES**

*Bench press to neutral depth only, no behind-the-neck press or pulldown, limit dip depth

**If approved by physician