



Shoulder Labrum Protocol

Arthroscopic Debridement Type 1 & 3

Type 1	Arthroscopic procedure for degenerative fraying of superior labrum w/ biceps attachment and anchor intact
Type 3	Arthroscopic procedure for bucket handle tear of superior labrum w/ an biceps anchor intact
Begin in <i>Protection</i> 0-2 weeks	<ul style="list-style-type: none">• Sling worn for 3-7 days• No biceps isometrics for 5-7 days post-op• May begin band resisted ER/IR at 0° of abduction
Functional Restoration 10 days - 4 weeks	<ul style="list-style-type: none">• Continue resisted ER/IR at 0° of abduction
Progressive Overload 3 weeks - 6 weeks	
Deceleration 5 weeks - 8 weeks	
Return to Sport 8+ weeks	

Arthroscopic Labral Repair Type 2, 4 & Complex Tears

Type 2	Created when bicep anchor has pulled away from glenoid attachment; Procedure reattaches superior labrum and biceps anchor is stabilized
Type 4	Bucket handle tear of the superior labrum with tear extending to biceps tendon; Procedure similar to type 2, but biceps has repair, resection of frayed area, or tenodesis
Begin in <i>Maximum Protection</i> 0-4 weeks	<ul style="list-style-type: none">• Sling worn for 4 weeks• No biceps contractions• No AROM ER, Extension, Abduction• All PROM done in scapular plane other than abduction• 0-2 weeks Elevation to 75°; ER to 15°; IR to 45°• 2-4 weeks Elevation to 90°; ER to 30°; IR to 60°; Abd to 80°
Protection 5-16 weeks	<ul style="list-style-type: none">• 5-6 weeks Elevation & Abd to 145°; ER to 45° (scapular plane); IR to 60° (scapular plane); Begin extension to tolerance• Gradually progress all PROM/AROM to full ROM after 6 weeks• Type 4: begin submax, pain-free biceps isometrics at week 12• Type 2: begin submax, pain-free biceps isometrics at 8 weeks & isotonic at week 12
Functional Restoration 12-20 weeks	<ul style="list-style-type: none">• Type 4: progress to isotonic biceps strengthening per tolerance
Progressive Overload 16-24 weeks	
Deceleration 5-7 months	
Return to Sport 6+ Months	



Shoulder Labrum Protocol Phase 1

Purpose		Precautions
Maximum Protection	• Refer to Page 1 • This Phase is only applicable for Type 2, Type 4, and Complex Labral Repairs	
Typical Time Frame		
Refer to Page 1		
Criteria to Pass		
• PROM Elevation to 90° • PROM ER to 30° • PROM IR to 60°		• PROM Abduction to 80° • Pain is controlled and incision is healing properly
Priority List & Suggested Exercises		
1. Shoulder ROM a. PROM (follow precautions for PROM restrictions) i. Scapular plane ER ii. Scapular plane shoulder elevation iii. Scapular plane IR iv. Abduction beginning at 2 weeks b. Gentle AAROM (follow precautions for ROM restrictions) i. PVC pipe, pulleys c. Arm hangs outside of the sling > Pendulums (front to back & side to side) - using hips ONLY d. PROM of the elbow, wrist, hand e. AROM of wrist and hand f. Cervical PROM stretching g. Joint mobilization to 1st rib to decrease inferior glide hypomobility while in sling h. Joint mobilization ~ 3-4 weeks post op (AP, inferior grade 1-2 oscillations for muscle guarding and pain)		2. UE Strength a. Shoulder Isometrics in neutral (submaximal) b. Rhythmic stabilization drills c. Scapular setting (isometric holds) d. Scapular depression, protraction, retraction e. Ball squeezes (grip strength)
Special Considerations		
• Modalities: Ice regularly and pain meds regularly • Incision: inspect frequently to ensure healing and closing • See Surgeon's instructions for specific ROM precautions and biceps instruction • Gentle PROM - do not stretch beyond 1st resistance • Show caregiver how to perform PROM of shoulder 1-2x/day outside of PT • Educate patient to ice 3x/day		

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Shoulder Labrum Protocol Phase 2

Purpose		Precautions
Protection	<ul style="list-style-type: none">• Refer to Page 1• Type 1 & 3 begin in this phase	
Typical Time Frame		
Refer to Page 1		
Criteria to Pass		
<ul style="list-style-type: none">• Full PROM = to uninjured UE• 90% AROM of available PROM• <4/10 pain		
Priority List & Suggested Exercises		
1. GHJ ROM <ul style="list-style-type: none">a. PROM: Scapular plane ER, shoulder elevation, IRb. AAROM<ul style="list-style-type: none">i. Flexion progressionii. ER progressionc. AROM of the wrist and handd. Walking without the sling (avoid extension during arm swing)e. Pendulums (circles) - using hips ONLYf. Cervical PROM stretchingg. Joint mobilization to 1st rib to decrease inferior glide hypomobility while in slingh. Joint mobilization approximately 3-4 weeks post op (AP, inferior grade 1-2 oscillations for muscle guarding and pain)	2. UE Strengthening <ul style="list-style-type: none">a. Shoulder Doorway isometrics 25-50% contraction (flex, ext (at neutral), abd, IR, ER)b. Cross Symmetry walk outs (ER, IR, Add, Ext)c. Scapular rowing off of tabled. Scapular depression, protraction, retraction	
Special Considerations		
<ul style="list-style-type: none">• Modalities: Ice at least 1x/day following PT and/or HEP; pain meds as needed• Incision should be closed by 6 weeks• See Surgeon's instructions for specific ROM precautions and biceps instruction• PROM/AAROM - Do not stretch beyond 1st resistance		



Shoulder Labrum Protocol Phase 3

Purpose Precautions

Functional Restoration	<ul style="list-style-type: none"> Refer to Page 1
Typical Time Frame	
Refer to Page 1	

Criteria to Pass

- AROM = PROM (for all movements)
- Able to perform ADLs w/o pain or compensation
- Functional ER to C-T junction w/o compensation
- Symmetrical tall plank hold on 18" bench x10sec
- 15 repetitions of flexion and scaption above shoulder height against gravity at wall
- 15 repetitions of sidelying ER to 30 degrees against gravity

Priority List & Suggested Exercises

- | | |
|---|--|
| <p>1. Shoulder ROM</p> <ul style="list-style-type: none"> a. PROM: Scapular plane ER, flexion, abduction, scaption, IR, extension b. AAROM: <ul style="list-style-type: none"> i. Flexion progression ii. ER progression iii. I Y Ts w/slider on the wall c. Scar massage/IASTM (ONLY if incision is healed) d. Joint mobilization to 1st rib to decrease inferior glide hypomobility that could limit flexion or pt complaining of pinching at end range flexion e. Joint mobilization (Anterior, posterior, inferior) grade III-IV for mobility - Best used approximately 10 weeks and beyond | <p>2. UE Strength</p> <ul style="list-style-type: none"> a. AROM <ul style="list-style-type: none"> i. Supine: flexion, scaption, serratus punches ii. Sidelying: ER, rotator cuff series iii. PNF Pattern Progression b. UBE light resistance with B UE c. Isometric holds against gravity (keep within ROM for no compensations) in flex, scaption, abd, sidelying ER d. Light Isotonics (approximately 7-8 weeks) <ul style="list-style-type: none"> i. Standing unweighted flex, abd, scaption ii. Band Resisted Ext (to neutral), ER & IR (elbow at trunk) iii. Band Resisted Seated Row iv. Prone Row, Ext, Modified T, & T e. CKC Progression f. Push Up Plus Progression |
|---|--|

Special Considerations

- Programming:
 - Focus on endurance rather than strength.
 - High volume sets (12-15 reps per set). Sets can range from 2-4 as tolerance improves.
- Patient can ice after PT session and after HEP (at least 1x/day)

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Shoulder Labrum Protocol Phase 4

Purpose	Precautions
Progressive Overload	<ul style="list-style-type: none"> Refer to Page 1
Typical Time Frame	
Refer to Page 1	

Criteria to Pass

- Functional ER to T4 w/o compensation
- Functional IR to L1 w/o compensation
- <40% strength deficit for average force with Isometric testing for ER (elbow against trunk) using dynamometer
- <20% strength deficit for average force with Isometric testing for IR (elbow against trunk) using dynamometer
- <30% strength deficit for average force with Isometric testing for Flexion & Abduction @ 90 degrees using dynamometer
- Farmer walk with 25% of BW in each hand (50% total) for 250ft or 90 sec whichever comes later

Priority List & Suggested Exercises

1. Shoulder ROM

- Aggressive PROM stretching to achieve full ROM
- Flexion: Weighted flexion in supine, PVC pipe flexion into ER, Downward dog Progression, Dead hangs (feet on step)
- ER: Weighted ER in supine, Posterior capsule stretching
- IR: Behind the back stretch rope, Cable assisted IR

2. Shoulder Motor Control

- Wall End range isometrics > Eccentric from end range > End range lift offs
- Functional ER/IR Breakout Progression
- Gross Movements
- End range Y/T/I/W
- Shoulder Circle Progression

3. UE Strength

- UBE (single arm)
- Light to moderate Isotonics: flex, scaption, abd, add, ER, IR, D1, D2 (cable resisted or light DB) (emphasize eccentric control)
- Loaded rotator cuff series
- Scapular strength: TRX rows, cross symmetry movements, serratus wall slides, scapular clocks, IYTW Progression
- Biceps curls and triceps extensions
- CKC Progression > Shoulder Taps > Plank Hurdle Walk Overs

4. Functional Strength

- Intro to functional movements
 - Push Up Progression
 - Shoulder press
 - Bent over rows
 - Lat Pull Down
 - Farmer walks

Special Considerations

- Reminder that the tendon is ONLY 80% as strong as a normal tendon at 16 weeks
- Programming:
 - Focus on strength with sets of 6-12 reps
 - Sets can range from 3-4 as tolerance improves
- Patient can ice after PT session and after HEP (at least 1x/day)

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Shoulder Labrum Protocol Phase 5

Purpose	Precautions
Deceleration	
Typical Time Frame	
Refer to Page 1	

Criteria to Pass

- <30% strength deficit for average force with Isometric testing for ER (elbow against trunk) using dynamometer
- <10% strength deficit for average force with Isometric testing for IR (elbow against trunk) using dynamometer
- <20% strength deficit for average force with Isometric testing for Flexion & Abduction @90 degrees using dynamometer

(Use Strengthlevel.com for norms)

- 12 reps at 70% Beginner Single Arm DB Arnold Press
- 12 reps at 70% Beginner Single Arm DB Bent Over Row on Bench
- Push Up Test: average norms for age & gender

Priority List & Suggested Exercises

1. Functional Strength

- Horizontal pulls: Bent over row variations, inverted rows, face pulls, horizontal Ts w/ cable
- Vertical pulls: lat pulldown, TRX Ys & Ws, TRX eccentric Ts, TRX eccentric Ys, pull up progression
- Horizontal pressing: Bench progression, push up progression, single arm pressing variations, horizontal add w/ cable, chest press w/ cable
- Vertical pressing: Shoulder press variations
- Carries: farmer walk, suitcase carry, front rack, overhead, bamboo bar

2. Deceleration

- Excentric machine
 - D2 pattern
 - ER (by side; abduction plane)
 - IR (by side; abduction plane);
 - Flexion/Abduction/scapation
 - Horizontal: T, Y, chest press, row
 - Bent over row
- Ball drops: prone, Ts, Ys
- Over the shoulder weighted ball catch

Special Considerations

- Programming:
 - Consider tempo of reps 4-1-2 (to focus on eccentric phase)
 - Focus on strength with sets of 4-6 reps
 - Sets can range from 4-5 tolerance improves
- Patient can ice after PT session and after HEP (at least 1x/day)



Shoulder Labrum Protocol Phase 6

Purpose		Precautions
Return to Sport		
Typical Time Frame		
6 Months +		
Criteria to Pass		
(Use Strengthlevel.com for norms) <ul style="list-style-type: none">• 8 reps at 80% at Novice Single Arm DB Arnold Press• 8 reps at 80% at Novice Single Arm DB Bent Over Row• Push Up Test: above average norms for age and gender• Pull Up Test: novice norms for age and gender		<ul style="list-style-type: none">• CKQUEST - 23 reps for female on knees, 21 reps for male• Shoulder ASH Test <10% deficit with force plates• Score of 48 or > on the Injury-Psychological Readiness to Return to Sport (I-PRRS) Questionnaire
Priority List & Suggested Exercises		
1. Plyometrics <ul style="list-style-type: none">a. Dribble the physio ball from the table in prone position (fast tempo)b. Weighted ball taps on the wall (fast tempo)c. Plyo variations<ul style="list-style-type: none">i. push upsii. push press (double arm)iii. barbell inverted row 2. Deceleration <ul style="list-style-type: none">a. Continue Phase 5 Exercises 3. Functional Strength <ul style="list-style-type: none">a. Continue Phase 5 Exercises adding weight		
Special Considerations		
<ul style="list-style-type: none">• Icing: At the end of every session or at home• Introduce throwing program for overhead athletes in this phase• Programming:<ul style="list-style-type: none">◦ Prioritize Recovery: 2-3 days off/wk◦ Slow introduction into plyometrics◦ Focus on strength/power w/ sets 4-6 reps◦ Sets can range from 3-4 as tolerance improves◦ Continue building isolated shoulder strength and improving explosive movements• Patients should have at least 1 month of sport specific movements before and practice before returning to game play• Ramp up conditioning specific to sport		

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