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PT Protocol – Panlabral Repair (Shoulder stabilization)

***Blood Flow Restriction (BFR) encouraged at all stages**

Weeks 0-2 Primary goals: Eliminate swelling; initial ROM

- Sling for 4 weeks for comfort, immobilizer during sleep for 4 weeks
- Elbow/Hand ROM
- Hand gripping exercises
- Scapular stabilization exercises
- passive ROM, active assist in scapular plane, belt to forehead motion, pendulums
- Ice, modalities as indicated

Weeks 2-4 Primary goals: Increase ROM and scapular stabilization

- Discontinue sling at 4 weeks
- Continue gentle ROM exercises (PROM and AAROM)
    - Flexion to 90 degrees, advance to tolerance at 4 weeks
    - Abduction to 90 degrees
    - ER/IR at 45 degrees abduction in scapular plane
    - ER in scapular plane to 25 degrees
    - IR in scapular plane to 60 degrees
    - Rate of progression based on evaluation of patient
- No excessive ER, no extension behind plane of scapula, no cross-body adduction
- Core stabilization program, balance/proprioceptive training
- Continue scapular strengthening program

Weeks 4-6 Primary goals: Increase ROM and scapular strength

- Gradually improve ROM
    - Flexion to tolerance
    - Abduction to tolerance (avoid ER with abduction @90)
    - ER at 45 degrees abduction 55-60 degrees
    - IR at 45 degrees abduction 55-60 degrees
    - Avoid position of maximal instability (90 abduction with >90 ER and cross body adduction with max IR)

- May initiate stretching exercises
- Continue scapular strengthening, core stabilization program, balance and proprioceptive training

Weeks 6-8 Primary goals: Increase ROM, continue strength

- Begin isotonic strengthening as ROM allows, full ROM by 8 weeks
    - Flexion to 160 degrees
    - Initiate ER/IR at 90 degrees abduction
    - ER at 90 degrees abduction: 70-80 degrees week 7, 90 degrees week 8
    - IR at 90 degrees abduction: 70-75 degrees
- Continue to progress isotonic strength

Weeks 8-10 Primary goals: Full ROM, continue strength

- PROM to tolerance
- Dynamic weight bearing
- Progress isotonic strengthening, rotator cuff strengthening

Weeks 10+

- Progress ROM to functional demands (i.e. overhead athlete)
- Progress isotonic strengthening exercises
- Improve muscular strength
- Begin functional activities
- Begin transition to training room/gym program

Weeks 12+

- Be sure the posterior and inferior joint capsules allow for full ROM and normal glenohumeral joint kinematics to occur.
    - Should have full ROM by 10 weeks post-operation.
- Progress with weights as tolerated (i.e., shoulder flexion, abduction, internal and external rotation, extension, supraspinatus, etc.). Continue emphasis on strengthening the rotator cuff musculature.
- Add isokinetic strengthening and endurance exercises at the faster speeds (e.g., 200/sec or faster) for internal and external rotation. May add other directions (e.g., flexion, abduction) as needed.
- Add horizontal abduction with scapular adduction (i.e., prone position, horizontally abducting the humerus from 90^{o} horizontal adduction to 0^{o}).
- Add a lower body conditioning program.
- If there is full ROM, normal joint mechanics, and pain free movement, begin Shadow Mechanics to simulate the throwing motion (if throwing athlete).

NOTE: Shadow Mechanics - simulating the mechanics of the throwing motion without actually throwing an object. A towel or long, slightly weighted sock may be used to provide slight resistance for the arm. The goal of this exercise is to correct any mechanical deficiencies (such as being late, dropping the elbow, and opening up too soon) before actually attempting to throw a baseball.