



TEXAS BONE & JOINT

drjoshuapayne.com

Fort Worth/Alliance
3025 North Tarrant Parkway,
Suite 140
Fort Worth, TX 76177
Office: 817-697-3900
Fax: 817-562-8530

North Richland Hills
4300 City Point Drive,
Suite 102
North Richland Hills, TX 71680
Office: 682-253-3999
Fax: 817-590-5664

Dr. Payne Posterior Instability/Labral Repair Protocol

The intent of this protocol is to provide the clinician with a guideline of postoperative rehabilitation course. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's postoperative course. The actual post-surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requests assistance in the progression of a patient post-surgery, they should consult Dr. Payne.

Immediate Post-operative Phase (Weeks 0-3):

- Sling in neutral rotation for 3 weeks (padded abduction sling)
- Home exercise program consisting of pendulums, elbow ROM, wrist ROM, and hand ROM
- Wrist and grip strengthening

Weeks 3-6:

- Restrict motion to 90° FF/IR to stomach/ER with arm at side as tolerated
- Advance PROM → AAROM → AROM as tolerated within the above limitations
- Begin isometrics with arm at side - FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev. Scap, etc.)
- No cross-arm adduction, follow ROM restrictions
- Heat before and Ice after PT sessions

Weeks 6-12:

- Increase ROM to within 20° of opposite side, no manipulations per therapist, encourage patients to work on ROM on a daily basis
- Once AROM 160° FF, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs)
 - 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Strengthening (isometrics/light bands) with AROM limitations, horizontal abduction exercises
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises only
- Modalities per PT discretion

Months 3-12 (if needed):

- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex: weighted ball toss), proprioception (ex: body blade), and closed chain exercises at 12 weeks.
- Begin sports related rehab at 3 months, including advanced conditioning

- Return to throwing at 4.5 mos (begin throwing program)
- Throw from pitcher's mound at 6 mos (work up to this via throwing program)
- Push-ups at 4.5-6 mos
- MMI is usually around 12 mos

Special Instructions/Precautions:
