

PAN LABRAL REPAIR PROTOCOL

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

PHASE I: Weeks 1-2 (Inflammatory Phase)**Precautions**

- PROM via Codman exercises only
- Abduction pillow sling at all times (including sleep) with arm in slight abduction and neutral position
- No active biceps contraction (shoulder or elbow flexion)

Manual Therapy

- PROM scapula
- PROM elbow, wrist, and hand
- STM periscapular and cervical muscles
- Compression

Therapeutic Exercises

- Hand gripping exercises, active elbow and wrist flexion/extension ROM
- Codman/pendulums **PASSIVE only**
- Postural correct education
- Scapular joint position sense (use mirror)

Modalities

- IFC estim for pain PRN
- Ice 10 minutes every hour as necessary
- High-volt estim for edema control
- Vasocompression/cryotherapy unit

PHASE II: Weeks 3-4 (Inflammatory and Proliferative Phase)**Precautions**

- Flexion 90° - Abduction 90° - Scaption 90° - ER 30° in neutral abduction - IR 20° at 30° abduction
- Abduction pillow sling at all times (including sleep)
- No active biceps contraction (active shoulder or elbow flexion)

Manual Therapy

- PROM shoulder within precautions

PHASE II: Weeks 3-4 (cont.)

- PROM scapula
- PROM elbow flexion, extension, supination, and pronation
- STM periscapular and cervical muscles
- Scapular PNF patterns
- GHJ centering and compression
- Glenohumeral joint position sense

Therapeutic Exercises

- Hand gripping exercises, active elbow and wrist flexion/extension ROM
- Codman/pendulums
- Postural correct education
- Cardiovascular activity 30 min/day stationary bike or walking on level ground
- Table slides abduction/flexion
- Gentle isometrics for ER/ abduction/ extension
- Active trunk rotation
- Ipsilateral levator and upper trapezius stretching
- Seated scapular retraction/decompression
- Passive joint position sense

Modalities

- IFC estim for pain PRN
- Ice 10 minutes every hour as necessary
- High-volt estim for edema control
- Vasocompression/cryotherapy unit

PHASE III: Weeks 5-8 (Early Remodeling Phase)

Precautions

- Flexion 120° - Abduction 120° - Scaption 120° - ER 45° - IR 30°
- Progress to full ROM week 7
- No biceps strengthening until week 7
- May discontinue sling at 6 weeks

Manual Therapy

- Glenohumeral PROM all planes
- Scapular PROM/mobilizations
- Scapular PNF patterns
- STM to pectoralis, latissimus, cervical, and periscapular muscles
- **Progress at 7 weeks to include:**
 - Manual PROM to full flexion/abduction and ER/IR at 45 degrees abduction
 - Glenohumeral mobs inferior and posterior capsule
 - Stretching of pectoralis and latissimus

Therapeutic Exercises

- Pulleys
- Table slides abduction/ flexion/ scaption

PHASE III: Weeks 5-8 (cont.)

- AAROM flex/ abduction/ ER via cane and progress to AROM, wall walks and standing two way
- Prone and standing scapular squeezes
- Prone row and prone abduction
- AROM elbow flexion, extension, supination, and pronation
- Submaximal isometrics at neutral rotation and 30 degrees abduction for flexion, abduction, ER, and extension

Modalities

- Moist heat with pulleys for warm-up
- IFC PRN for pain
- Ice after PT session and HEP

PHASE IV: Weeks 8-12 (Remodeling and Maturation Phase)

Precautions

- Avoid end-range exercises

Manual Therapy

- As per phase 2 until full PROM achieved
- Rhythmic stabilization/in quadruped/ PNF patterns

Therapeutic Exercises

- UBE
- Ball on wall
- Prone two way (middle and lower trapezius)
- Standing two way (flexion and scaption)
- Prone row with resistance
- Sidelying ER with resistance as tolerated
- Scapular squeeze with resistance
- B ER with TB
- Seated low row
- IR/ER at neutral and progress to 45° abduction with light resistance
- Supine punch at standing punch (serratus anterior)
- Begin throwers 10 program at week 10: PNF patterns D1/D2, ER/IR at 45° of abduction, scaption with IR limited to 30° of abduction, seated press-ups, elbow and biceps flex, triceps extension
- Latissimus pull-downs in front of body
- Sleeper stretch and cross-chest stretch
- Active joint position sense

Modalities

- Heat with UBE for warm-up
- Ice after PT session

PHASE V: Weeks 13-16 (Maturation Phase)

Precautions

- None

PHASE V: Weeks 13-16 (cont.)

Manual Therapy

- Manual capsular mobilization for full mobility
- Rhythmic stabilization in end ranges

Therapeutic Exercises

- Throwers 10: progress resistance as tolerated
- May begin push-up progression
- May progress ER/IR resistance to 90° of abduction
- Begin plyometrics: shot toss and progress to shot throw and overhead toss
- Dynamic wall push-ups
- Progress push-ups to floor as tolerated

Modalities

- Ice PRN

PHASE VI: Weeks 17-24 (Remodeling, Maturation, and Hypertrophic Phase)

Precautions

- None

Manual Therapy

- Manual stretching/PNF/rhythmic stabilization PRN

Therapeutic Exercises

- Begin plyometrics: shot toss and progress to show throw and overhead toss
- Dynamic wall pushups
- Sport specific training exercises
- Throwing progression
- Maximize cardiovascular fitness
- Gentle overhead motions and may progress to full over-head serve, swing, or throw at 20 weeks and full sports at 6 months

Modalities

- Ice PRN