
Arthroscopic Anterior Labral Repair/Capsulorrhaphy Rehabilitation Protocol

General

- Sling for four weeks
- Avoid the “throwing position” for three months
- Cooling device **or** ice used on shoulder every two to three hours for 20 minutes for first seven days then as needed and after physical therapy sessions

Phase I: Passive Range of Motion (PROM) (Weeks 1 to 6)

Weeks 1 to 2

- Pendulum exercises
- External rotation (ER) to 0 degrees (straight-ahead position)
- Elbow flexion/extension
- Grip strengthening
- Scapular mobilization and strengthening

Weeks 3 to 4

- Gentle isometrics in all planes with shoulder in neutral external rotation/internal rotation (ER/IR)
- Supine forward elevation to 90 degrees
- No ER past neutral
- No abduction past 45 degrees
- Avoid joint mobs in inferior, anterior and external directions

Weeks 5 to 6

- Active assistive range of motion (AAROM) in flexion
- Overhead stretching with rope and pulley
- Gentle PROM in ER to within 30 degrees of contra-lateral shoulder (limit to 45 degrees)
- Goal of full PROM by eight weeks
- No terminal stretching with ER
- Active scapular exercises in neutral: Shrugs, depression, protraction, retraction

Phase II: Active Range of Motion (AROM) (Weeks 7 to 16)

- Full rehab as tolerated progress slowly with ER
- Do not force ER and abduction
- Progress from AAROM to AROM
- Strengthening starts at eight weeks if patient has pain free AROM
 - Initiate isotonic shoulder strengthening
- Weight training at 12 weeks: Avoid anterior capsular stress, keep hands within eyesight, elbows bent

Phase III - Return to Sport

- Golf: Chip and putt at eight weeks
- Tennis (no overhead): Three months
- Swimming: Three to four months
- Throwing: Four to six months (pitchers cannot throw off the mound until nine months)
- Contact sports: Six months