



## Purpose:

This guideline is designed to return the individual to their full activities as quickly and safely as possible, following Shoulder Labral Debridement. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following this surgery.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

## Precautions:

- Rehabilitation progression should be based upon obtaining goals/milestones
- Passive ROM only by therapist until s/p 10 days
- Active Assisted ROM and Isometrics initiated at 10-14 days per patient tolerance
- Active ROM initiated at 3 weeks, per physician
- Strengthening initiated at 3-4 weeks, per physician
- If patient has a concomitant injury/repair (such as a rotator cuff repair or biceps tenodesis) treatment will vary – consult with surgeon

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
<b>Phase I: Protected Motion</b> Weeks 0-2	<p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>• Maintain use of sling at all times until physician instructs to DC                             <ul style="list-style-type: none"> <li>— At approximately 3 weeks post-op</li> </ul> </li> <li>• No AROM of shoulder</li> <li>• No isolated biceps contractions (i.e. no active elbow flexion)</li> </ul> <p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Pain control modalities as needed</li> <li>• No heat until 1 week post-op</li> </ul> <p><u>Week 1 (ROM):</u></p> <ul style="list-style-type: none"> <li>• Elbow, wrist, hand AROM</li> <li>• PROM: done by therapist only prior to 10 days post-op</li> <li>• Flexion as tolerated</li> <li>• ER as tolerated                             <ul style="list-style-type: none"> <li>— Begins in scapular plane and progress towards 90° of abduction</li> </ul> </li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• Provide environment of proper healing of debridement site</li> <li>• 2. Prevention of post-op complications</li> <li>• 3. Slow muscle atrophy</li> <li>• 4. Re-establish ROM</li> <li>• 5. Diminish pain and inflammation</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>• Full PROM</li> <li>• Minimal Pain or tenderness</li> </ul>

# Shoulder Labral Debridement

## GUIDELINE

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	<ul style="list-style-type: none"> <li>• IR as tolerated</li> <li>• Pendulums</li> <li>• Pulley (non-painful arc of motion)</li> </ul> <p><u>Week 2 (AAROM):</u></p> <ul style="list-style-type: none"> <li>• Initiate late phase at 10-14 days as tolerated</li> <li>• Flexion/extension progression to full compared bilaterally</li> <li>• Abduction/adduction progress to full compared bilaterally</li> <li>• ER/IR progress to full compared bilaterally</li> <li>• Manual: <ul style="list-style-type: none"> <li>— Gleno-humeral joint mobilizations as appropriate</li> <li>— Submaximal isometrics for all rotator cuff, periscapular, and shoulder musculature</li> </ul> </li> <li>• Putty or grip strength exercises</li> <li>• AAROM: <ul style="list-style-type: none"> <li>— Wand, pendulum or pulleys as tolerated within guidelines above</li> </ul> </li> <li>• Isometrics initiated late phase at 10-14 days, as tolerated</li> <li>• Submaximal and pain-free (no biceps)</li> <li>• Rhythmic Stabilizations (shoulder ER/IR and flexion/extension)</li> <li>• Prone row</li> </ul>	
<b>Phase II: Motion &amp; Muscle</b> Weeks 3-4	<p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>• No carrying or lifting of heavy objects</li> <li>• DC sling at 3 weeks</li> </ul> <p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Pain control modalities as needed</li> <li>• ROM: <ul style="list-style-type: none"> <li>— Progress to full and non-painful AROM in all directions (based on pt's tolerance)</li> <li>— Possible limitations per physician <ul style="list-style-type: none"> <li>⇒ Flexion and elevation in the plane of the scapula to 90°</li> <li>⇒ Abduction to tolerance</li> <li>⇒ ER in scapular plane to 25-30°</li> <li>⇒ IR in scapular plane to 55-60°</li> </ul> </li> </ul> </li> <li>• Begin isotonic rotator cuff, periscapular, and shoulder strengthening <ul style="list-style-type: none"> <li>— After one week, provided pt has no pain and has proper form, initiate exercise with 1lb. weight</li> </ul> </li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• 1. Regain and improve muscular strength</li> <li>• 2. Normalize arthrokinematics</li> <li>• 3. Improve neuromuscular control</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>• Full and non-painful AROM in allowed range</li> <li>• No Pain or Tenderness</li> <li>• Strength 70% compared to contralateral shoulder</li> </ul>

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	<ul style="list-style-type: none"> <li>— Shoulder elevation</li> <li>— Prone row</li> <li>— Prone horizontal abduction</li> <li>— Side-lying external rotation</li> <li>— Shoulder abduction 90°</li> <li>— Shoulder extension to neutral</li> <li>• Manual: <ul style="list-style-type: none"> <li>— Gleno-humeral/thoracic, AC/SC joint mobilizations and capsular stretching to restore normal shoulder arthrokinematics</li> </ul> </li> <li>• Progressive GHJ rhythmic stabilization exercises to include PNF static &amp; dynamically</li> <li>• Initiate scapular stabilization exercises below 90° at 3 weeks post-op</li> <li>• WB dynamic stabilization exercises at week 4</li> <li>• May begin UBE at 4 weeks with low resistance</li> </ul>	
<b>Phase III: Advanced Strengthening &amp; Eccentric Control</b> Weeks 5-7	<b>Therapy:</b> <ul style="list-style-type: none"> <li>• Gradually improve PROM and AROM <ul style="list-style-type: none"> <li>— Flexion and elevation in the plane of the scapula to 145°</li> <li>— Abduction to 145°</li> <li>— External rotation 45-50° at 45° abduction</li> <li>— Internal rotation 55-60° at 45° abduction</li> <li>— Extension to tolerance</li> </ul> </li> <li>• May initiate gentle stretching exercises</li> <li>• Gentle Proprioceptive Neuromuscular Facilitation (PNF) manual resistance</li> <li>• Initiate prone exercise program for periscapular musculature</li> <li>• Initiate IR/ER dumbbell strengthening at 90/90 position</li> <li>• Continue to progress neuromuscular and proprioceptive shoulder exercises</li> <li>• Thrower's Ten Exercises (isotonic program) weeks 4-5</li> <li>• Light cardiovascular conditioning program which includes: <ul style="list-style-type: none"> <li>— Stationary bike</li> <li>— Level ground walking</li> </ul> </li> </ul>	<b>Goals:</b> <ul style="list-style-type: none"> <li>• Improve strength, power and endurance</li> <li>• Preparation to return to overhead activities and throwing</li> <li>• Improve neuromuscular and eccentric control</li> </ul> <b>Criteria to Advance:</b> <ul style="list-style-type: none"> <li>• Full and non-painful resisted ROM</li> <li>• No pain or Tenderness</li> <li>• Less than 10% strength deficit for all motions</li> <li>• Clearance by MD to full activity and/or Throwers Program</li> </ul>
<b>Phase IV: Return to Activity</b> Weeks 7-14	<b>Therapy:</b> <u>Weeks 8-9:</u> <ul style="list-style-type: none"> <li>• Gradually progress P/AROM</li> </ul>	<b>Goals:</b> <ul style="list-style-type: none"> <li>• Preserve the integrity of the surgical repair</li> <li>• Restore muscular strength</li> </ul>



	<ul style="list-style-type: none"> <li>— Flexion, elevation in the plane of the scapula, and abduction to 180°</li> <li>— External rotation 90-95° at 90° abduction</li> <li>— Internal rotation 70-75° at 90° abduction</li> <li>— Extension to tolerance</li> <li>• Continue PNF strengthening</li> <li>• Type II repairs: <ul style="list-style-type: none"> <li>— Begin sub-max pain free biceps isometrics</li> </ul> </li> <li>• Type IV and complex repairs: <ul style="list-style-type: none"> <li>— Continue AROM elbow flexion and extension</li> <li>— No biceps isometric or isotonic strengthening</li> </ul> </li> <li>• Progress to Advanced Thrower's Ten Exercises at 8 weeks</li> <li>• Initiate 2-Hand plyometric activities: <ul style="list-style-type: none"> <li>— Chest pass</li> <li>— Side to side throws</li> </ul> </li> </ul> <p><u>Weeks 10+:</u></p> <ul style="list-style-type: none"> <li>• Progress ER P/AROM to thrower's motion <ul style="list-style-type: none"> <li>— ER 110-115° at 90° abduction in throwers (weeks 10-12)</li> </ul> </li> <li>• Progress shoulder isotonic strengthening exercises as above</li> <li>• Continue all stretching exercises as need to maintain ROM</li> <li>• Progress ROM to functional demands (i.e. overhead athlete)</li> <li>• Initiate one hand plyometric drills (week 12): <ul style="list-style-type: none"> <li>— Wall dribbles</li> <li>— Baseball throws</li> <li>— Shovel throws</li> </ul> </li> </ul>	<p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>• Full non painful ROM</li> <li>• Satisfactory static stability</li> </ul>
<p><b>Phase V: Minimal Protection</b> Weeks 14-20</p>	<p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Continue all stretching (capsular stretches)</li> <li>• Maintain thrower's motion (especially ER)</li> <li>• Continue rotator cuff, periscapular, and shoulder strengthening</li> <li>• PNF manual resistance</li> <li>• Endurance training</li> <li>• Initiate light plyometric program</li> <li>• Restricted sports activities <ul style="list-style-type: none"> <li>— Light swimming</li> <li>— Half golf swings</li> </ul> </li> <li>• Initiate interval sport program/throwing at week 16</li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• Establish and maintain full ROM</li> <li>• Improve muscular strength, power and endurance</li> <li>• Gradually initiate functional exercises</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>• Full non painful ROM</li> <li>• Good stability with sport/work-related activities</li> </ul>



<b>Phase VI: Advanced Strengthening</b> Weeks 20-26	<b>Therapy:</b> <ul style="list-style-type: none"> <li>• Continue flexibility exercises</li> <li>• Continue isotonic strengthening program</li> <li>• PNF manual resistance patterns</li> <li>• Plyometric strengthening</li> <li>• Progress interval sports programs</li> </ul>	<b>Goals:</b> <ul style="list-style-type: none"> <li>• Enhanced muscular strength, power and endurance</li> <li>• Progress functional activities</li> <li>• Maintained shoulder stability</li> </ul> <b>Criteria to Discharge:</b> <ul style="list-style-type: none"> <li>• Gradually restore full AROM and PROM</li> <li>• Preserve the integrity of the surgical repair</li> <li>• Restore muscular strength</li> </ul>
<b>Phase VII: Return to Activity</b> Months 6-9	<b>Therapy:</b> <ul style="list-style-type: none"> <li>• Independent HEP: maintain strength, mobility, and stability</li> </ul>	<b>Goals:</b> <ul style="list-style-type: none"> <li>• Gradually progress sport activities to unrestrictive participation</li> <li>• Continue stretching and strengthening program</li> </ul>