



Indiana University Health

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Shoulder Labrum Repair +/- Remplissage and Coracoid Process Transfer (Laterjet)

General Post Op Instructions

Wound Care	✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment ✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Do not place ice or cold back directly onto the skin ✓ Elevate the limb above the heart when able
Showering	→ Do not soak incisions in water until after stitches are removed → You may begin to shower 2 days after surgery after dressings are removed <ul style="list-style-type: none">○ Allow soapy water to run over the incision but do not scrub○ Dry, apply band-aids if needed
Driving	✓ Dr. Call does not release patients to drive at a specific date or week post op ✓ It is unlawful to drive under the influence of opioid (strong pain) medications ✓ Must be able to safely apply the brakes before returning to drive ✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

	Anterior or Posterior Labrum Repair +/- Remplissage	Coracoid Process Transfer (Laterjet)
Week 1-4	✓ Sling day and night ✓ NWB	✓ Sling day and night ✓ NWB
Weeks 5	✓ Discontinue sling ✓ Progress weight bearing	✓ Sling day and night ✓ Initiate light waist level activities
Week 6 +		✓ DC sling during the day (wean out of sling completely by end of week 7) ✓ Progress weight bearing



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Immediate Post Operative Phase (up to week 4)

Overall Goals	<ul style="list-style-type: none">✓ Protect the anatomic repair✓ Prevent negative effects of immobilization✓ Promote dynamic stability✓ Diminsh Pain and inflammation
Cautions	<ul style="list-style-type: none">→ Sling is used daily and for sleep for 4 weeks→ If coracoid process transfer (Laterjet procedure) is performed, do not force any painful ROM
Range of Motion	<ul style="list-style-type: none">✓ Passive ROM exercises✓ Week 1:<ul style="list-style-type: none">○ Flexion to 60 degrees, scaption (elevation in the scapular plane) to 70✓ Week 2:<ul style="list-style-type: none">○ Flexion to 60 degrees, scaption to 90○ ER to 10 degrees – arm in 20° abd on a towel roll○ IR to 20 degrees with arm in 20 degrees abd on a towel roll✓ Week 3:<ul style="list-style-type: none">○ Flexion/Scaption to 90 degrees○ ER in scapular plane to 10-20 degrees○ IR in 30 degrees abd on a towel roll to 20-30 degrees✓ Week 4:<ul style="list-style-type: none">○ Flexion/Scaption 110 degrees○ ER in scapular plane to 25 degrees○ IR in scapular plane to 30 degrees
Therapeutic Suggestions	<ul style="list-style-type: none">→ Pendulums daily→ Elbow/hand AROM; hand gripping exercises→ Shoulder shrugs/squeezes – with only scapula movement not the arm→ Cervical ROM, lateral flexion→ Submaximal isometrics for shoulder musculature – shoulder in neutral, elbow flexed do not pass plane of body (place a towel roll between arm and body)→ Cryotherapy, modalities as indicated→ Electrical stim – take to sensory only, no muscle contraction→ After week 2<ul style="list-style-type: none">○ Rhythmic stabilization ER/IR in a neutral/supported position, elbow flexed○ Scapular proprioceptive neuromuscular facilitation (PNF) elevation, depression, retraction, protraction; do sitting with bolster under forearm to prevent IR ROM→ Table top exercises within ROM limits – scapular patterns – may slide on towel, or use a ball – depression/elevation, protraction, retraction, weight shifts with wide hand placement (wider than shoulder width to prevent posterior shoulder stress)→ Begin Shoulder isometrics



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- Progression** ✓ Motion progressing
Ready to ✓ Tolerating exercise program
Next Phase

If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	✓ Gradually restore full ROM (by week 10) ✓ Preserve the integrity of the surgical repair ✓ Restore muscular strength and balance
Cautions	→ No running
Range of Motion	✓ Week 5: <ul style="list-style-type: none">○ Flexion /Abduction/Scaption to 120○ ER at 45 & 60 degrees abduction: 40 degrees○ IR at 45 degrees abduction: 45 degrees – (NO POSTERIOR MOBS)○ Progress pulley to ROM limit ✓ Week 6: <ul style="list-style-type: none">○ Flexion 150, Scaption/Abduction to 155 degrees○ ER 60 degrees in 45 and 60° abduction○ IR 50-55 degrees at 45 degrees abduction, IR 45- 50 degrees in 60 degrees abd○ Prone flexion at 135 degree angle to 150 degrees (may need end ROM assist)○ Continue standing flexion/scaption – progress from 90 to 150 degrees ✓ Week 7: <ul style="list-style-type: none">○ Add cross body adduction stretch○ IR to 50 degrees at 90 degrees of abduction ✓ Week 8: <ul style="list-style-type: none">○ IR to 50 degrees at 90 degrees of abduction ✓ Week 9: <ul style="list-style-type: none">○ IR to 50 degrees at 90 degrees of abduction
Therapeutic Suggestions	→ Sidely ER – active, progressing to dumbbell to ROM limit – may need end range assist to attain ROM limit → Progress ER/IR tubing to new ROM limit → Add standing wand IR supine, and standing behind the back (add/IR, pull arm across body, elbow stays fairly straight) → May initiate gentle posterior capsular mobilization if needed → Continue to progress isotonic strengthening program → Protraction/retraction manuals – in scapular plane to prevent posterior capsule stress → Push up plus – arms in scapular plane (wider than shoulder width) – progress to quadruped & over a ball, on dyna disc (wide hand placement) → Initiate prone exercise program for periscapular musculature → Rhythmic stabilization with proprioception activities



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- Continue cardiovascular activity and conditioning for trunk/LE, core stabilization exercises, elbow, wrist, forearm, and hand strength and modalities
- PRE's flexion/scaption working to 160 degrees, and abd to 90 degrees
- D2 PNF with body weight, progression to tubing
- May initiate gentle stretching exercises
- Gentle Proprioceptive Neuromuscular Facilitation (PNF) manual resistance
- Core work – trunk stabilization

Progression	✓ Tolerating exercises
Ready to Next Phase	✓ Achieving ROM goals

Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Establish and maintain full ROM ✓ Improve muscular strength, power and endurance ✓ Gradually initiate functional activities
Cautions	→ No sports until 6-9 month post op
Range of Motion	✓ Progress ROM: <ul style="list-style-type: none">○ Flexion/Scaption/abduction 160 to 170 degrees (depending on functional need)○ ER at 0 degrees WNL, at 90 degrees of abduction to 80-90 (depending on functional need)○ IR 60-65 degrees at 90 degrees of abduction
Therapeutic Suggestions	<ul style="list-style-type: none">→ Progress rhythmic stabilization/proprioceptive activities:<ul style="list-style-type: none">○ Rhythmic stabilize in standing multi D2 ROM○ Rhythmic stabilize in standing abduction/ER position○ Rhythmic stabilize activities in closed chain position in various planes→ UE proprioceptive activities: BAPS, ball rolls, UE on stairmaster.→ Add manual resistive exercises – patient should be able to lift 2-3# through the ROM with the exercise in order to start manuals (ER, D2 PNF conc/conc, prone horiz abd palm down, then work to thumb up and down, elevation at 145 degree angle, and row→ Continue cardiovascular, trunk, and LE conditioning→ ER/IR with tubing at 90 degrees abduction unsupported→ add prone row with ER manual→ add D2 flex conc/ecc manual→ Add 90/90 and D2 bodyblade week 10→ Seated press ups
Progression Ready to Next Phase	✓ Tolerating therapeutic exercises



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Late Rehabilitation and Strengthening Phase (Week 13 – 16+)

Overall Goals	✓ Return to work
Cautions	→ No sports until 6-9 months post op
Range of Motion	✓ Continue all stretching exercises ✓ Progress ROM to functional demands (i.e. overhead athlete)
Therapeutic Suggestions	→ Continue all stretching exercises as needed until functional ROM for activity level/sport is attained. Do not overstretch → Continue strengthening exercises → PNF Manual Resistance – concentrate on eccentrics → Endurance training → Initiate light plyometric program (if above criteria met). Weeks below are based on strength – use earlier week if strong and no impingement, later week if criteria not met - start 2 handed and progress to 1 handed <ul style="list-style-type: none">○ <u>Week 12-14:</u> chest, rotation, woodchop, tricep, overhead○ <u>Week 13-15:</u> wall dribble- semicircle and 90/90, kneeling D2 and ER/IR at 90 degrees theraband plyo, and bicep theraband plyo○ <u>Week 15-16:</u> 15' form throw to wall plyos → Restricted sport activities (light swimming, half golf swings)
Return to Sports	✓ After 6 months post op ✓ Shoulder feels stable and strength appropriate for sport specific activities