



Indiana University Health

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 Sports Medicine and Arthroscopic Surgery
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Shoulder Labrum Repair +/- Remplissage and Coracoid Process Transfer (Laterjet)

General Post Op Instructions

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| Wound Care | <ul style="list-style-type: none"> ✓ 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 | <ul style="list-style-type: none"> ✓ 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 | <ul style="list-style-type: none"> → 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 | <ul style="list-style-type: none"> ✓ 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) |
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| Week 1-4 | <ul style="list-style-type: none"> ✓ Sling day and night ✓ NWB | <ul style="list-style-type: none"> ✓ Sling day and night ✓ NWB |
| Weeks 5 | <ul style="list-style-type: none"> ✓ Discontinue sling ✓ Progress weight bearing | <ul style="list-style-type: none"> ✓ Sling day and night ✓ Initiate light waist level activities |
| Week 6 + | | <ul style="list-style-type: none"> ✓ DC sling during the day (wean out of sling completely by end of week 7) ✓ Progress weight bearing |



Immediate Post Operative Phase (up to week 4)

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| Overall Goals | <ul style="list-style-type: none">✓ Protect the anatomic repair✓ Prevent negative effects of immobilization✓ Promote dynamic stability✓ Diminish 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 | <i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i> |

Intermediate Rehabilitation Phase (Weeks 5 – 8)

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| 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

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

Advance Strengthening Phase (Weeks 9 – 12)

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| Overall | ✓ Establish and maintain full ROM |
| Goals | ✓ Improve muscular strength, power and endurance |
| | ✓ Gradually initiate functional activities |

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| Cautions | → No sports until 6-9 month post op |
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| 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 |
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| Therapeutic Suggestions | → 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 |
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| Progression | ✓ Tolerating therapeutic exercises |
| Ready to | |
| Next Phase | |



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

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| 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 |