**SUPERIOR LABRAL REPAIR**

**REHABILITATION PROTOCOL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RANGE OF MOTION**  | **IMMOBILIZER**  | **EXERCISES**  |
| **PHASE I** 0-4 weeks | Active/active-assisted stretch to 450 ER, 1400 forward flexion, IR as tolerated  | **0-2 weeks**: Immobilized at all times day and night Off for gentle home exercise only **2-4 weeks**: Worn daytime only  | Wrist/hand ROM, grip strengthening, isometric abduction External/internal rotation w/ elbow at side Begin cuff/deltoid isometrics at 2 weeks; closed chain scapula  |
| **PHASE II** 4-8 weeks\* | Increase forward flexion and internal/external rotation to full ROM as tolerated  | None  | Advance isometrics in Phase I to use of theraband, continue with wrist/hand ROM and grip strengthening Begin prone extensions and scapular stabilizing exercises, gentle joint mobs  |
| **PHASE III** 8-12 weeks | Progress to full AROM without discomfort  | None  | Advance theraband exercises to use of weights and progress Phase II work Cycling and upper body ergometer at 8 weeks Outdoor running and planks/push- ups at 10 weeks  |
| **PHASE IV** 12- 20 weeks\*\*  | Full and pain-free  | None  | Advance Phase III exercises Begin functional progression to return to previous activity level\*\*\* Throwers may begin interval throwing program at 16 weeks  |

\*6-8 weeks is required for healing of the biceps labrum, therefore, avoid activities that stress the repair (i.e. active biceps exercises, forceful extension, etc.)

**\*\***Patient may return to the weight room at 3 months, if appropriate

**\*\*\***Patient may return to competitive sports, including contact sports, by 5 months, if approved