SUPERIOR LABRAL REPAIR REHABILITATION PROTOCOL

PHASE I (0–4 weeks)

Range of Motion (ROM):

- Active / active-assisted stretch to 45° external rotation (ER)
- 140° forward flexion
- Internal rotation (IR) as tolerated

Immobilizer:

- 0–2 weeks: Immobilized at all times, day and night
    - Off for gentle home exercise only
- 2–4 weeks: Worn daytime only

Exercises:

- Wrist/hand ROM, grip strengthening
- Isometric abduction
- External/internal rotation with elbow at side
- Begin cuff/deltoid isometrics at 2 weeks
- Closed chain scapular exercises

PHASE II (4–8 weeks)

Range of Motion (ROM):

- Increase forward flexion and internal/external rotation to full ROM as tolerated

Immobilizer: None

Exercises:

- Advance Phase I isometrics using theraband
- Continue wrist/hand ROM and grip strengthening
- Begin prone extensions and scapular stabilizing exercises
- Gentle joint mobilizations

*6–8 weeks is required for healing of the biceps labrum; avoid activities that stress the repair (active biceps exercises, forceful extension, etc.)

PHASE III (8–12 weeks)

Range of Motion (ROM): Full active ROM without discomfort

Immobilizer: None

Exercises:

- Advance theraband exercises to use of weights
- Progress Phase II exercises
- Cycling and upper body ergometer at 8 weeks
- Outdoor running and planks/push-ups at 10 weeks

PHASE IV (12–20 weeks)

Range of Motion (ROM): Full and pain-free

Immobilizer: None

Exercises:

- Advance Phase III exercises
- Begin functional progression to return to previous activity level***
- Throwers may begin interval throwing program at 16 weeks

**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