

Posterior Labral Repair

Rehabilitation Protocol



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Phase Overview

The following protocol is designed to guide you and your physiotherapist through your recovery.

Your treatment may be adjusted to meet your individual needs. Avoid forcing any movement that causes sharp pain and maintain your exercises within your safe internal rotation range

Exercises should be repeated 3 x daily.

Phase 1

Protection & Early Mobility
(Weeks 0-6)

Phase 2

Restore Motion & Early Strength
(Weeks 6-12)

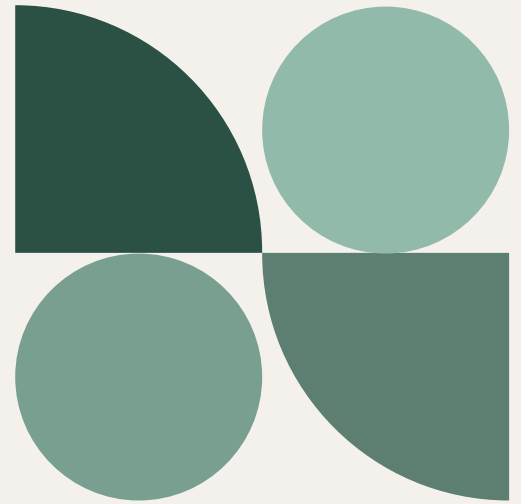
Phase 3

Strength, Control & Functional Loading
(3-6 months)

Phase 4

Return to Performance
(6 Months +)

Important Movement Restrictions



Individualised Recovery

Gentle Movement: ROM should be *pain-free* and as *tolerated* — never force end-range

Team Communication: ongoing contact between surgeon, physiotherapist, and patient ensures safe progress

Healing Takes Time:
a slow recovery is a safer recovery

Protect the Repair: Avoid sudden, jerky movements, lifting, or pulling movements early

Progressive Loading

Phase 1

Week 0 – 6

Protection & Early Mobility

Goals

Protect the posterior labral repair
Minimise pain and swelling,
Maintain elbow, wrist and hand mobility,
Prevent stiffness of shoulder, elbow and wrist

Precautions

Sling to be worn continuously for 6 weeks (including sleeping during the first 4 weeks). **No reaching behind the back.** Keep the arm in front of the body. No lifting. No pushing or pulling. Do not support body weight through the operated arm. Avoid sudden shoulder movements.

Progression

Week 0-2: strict sling, pendulum exercises, scapula setting

Week 3-6:

Passive ROM only with strict supervision from physiotherapist

Flexion: 0-60deg

Abduction: 0-90deg

ER1: 0-45deg

No IR

No extension

Return to Work/ Sport Guidelines

Too soon.

Maintenance

Ice as required, scar management, hand and elbow mobility, sling compliance

Phase 2

Week 6 – 12

Restore Motion & Early Strength

Goals

Restore passive then active-assisted ROM, gradually discontinue sling, improve scapular mechanics, restore normal movement patterns, begin rotator cuff activation, establish neuromuscular control

Precautions

No reaching behind the back until week 8

Avoid having your arm forcefully pulled behind you or

No cross-body adduction/ posterior capsule stretching until 10–12 weeks

Limitations for internal rotation

Progression

Week 6: IR 30° only

Week 8: IR 60° only, can start to take hand behind the back

Week 10–12: IR to abdomen

Return to Work/ Sport Guidelines

Stationary cycling, walking, lower body gym program, no contact sport, no throwing

Maintenance

Continue daily mobility program and progressive scapular strengthening.

Phase 3

3 months –
6 months

Strength, Control & Functional Loading

Goals

Achieve full ROM (protected internal rotation until 12 weeks), restore muscular endurance, improve dynamic shoulder stability, build functional strength, prepare for return to higher-level activity

Precautions

Internal rotation remains limited until approximately 12 weeks, avoid heavy overhead lifting, progress loads gradually

Progression

Nearly full ROM, pain-free strengthening, good scapulohumeral rhythm, symmetrical shoulder mechanics

Functional Drills/ Strength/ Control

Strength: Progressive Theraband resistance, dumbbell strengthening, scaption, horizontal abduction, prone rows, prone extension, serratus punches, wall push-ups, UBE

Neuromuscular Control Body Blade, dynamic stabilisation, perturbation training, advanced PNF patterns

Loading: Carrying, functional pushing, light overhead tasks after surgeon clearance

Return to Work/ Sport Guidelines

May commence: Running, swimming (stroke-specific progression once cleared), golf, light racquet drills without serving. No contact sport.

Maintenance

Continue flexibility and posterior shoulder mobility alongside progressive strengthening.

Phase 4

6 Months +

Return to Performance

Goals

Restore full ROM, maximise strength and endurance, return to occupational demands, develop sport-specific power and control, prepare for unrestricted activity

Precautions

Progress training according to symptoms, avoid sudden increases in training volume, contact sport only after surgeon clearance

Progression

Full pain-free ROM, excellent scapular mechanics, symmetric strength, no apprehension, good dynamic control, successful completion of functional testing

Functional Drills/ Strength/ Control

Strength: Progressive free weights, cable strengthening, machine strengthening, push-up progression, pulling exercises, farmer carries, turkish get-up progression, medicine ball drills

Neuromuscular Control: Perturbation training, plyometric progression, overhead stability drills, advanced kinetic chain exercises

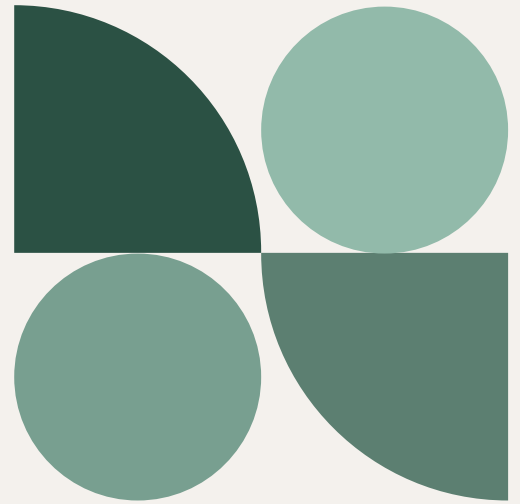
Return to Work/ Sport Guidelines

Full ROM, strength $\geq 90-95\%$ of opposite side, no pain or instability, successful functional testing. Contact sports at 6 months post-op if no posterior instability signs.

Maintenance

Rotator cuff strengthening (2–3×/week), scapular stability exercises, posterior capsule mobility, thoracic mobility, regular kinetic chain strengthening, sport-specific warm-up before training and competition

Key Principles for your recovery



**Follow surgeon-set movement limits,
especially for internal rotation**

Avoid pain and sharp sudden movements

**Focus on control, posture, and gradual
progression – not speed**

**Regular physiotherapy reviews ensure safe
and steady recovery**