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Posterior instability/Labral repair

Phase 1: Immediate Postoperative (0–4 weeks)

Goals: Protect posterior labral/capsular repair, control pain/swelling, maintain mobility in uninvolved joints.

- **Immobilization:** Sling with neutral or slight external rotation; worn full-time for 4 weeks except for hygiene/exercises.
- **Weight Bearing:** No lifting, pushing, or pulling with operative arm.
- **ROM:**
 - Passive ROM only within safe limits:
 - Forward flexion $\leq 90^\circ$
 - Abduction $\leq 60^\circ$
 - External rotation (ER) $\leq 30^\circ$ in neutral abduction
 - Elbow/wrist/hand: full active ROM
- **Exercises:**
 - Grip strengthening
 - Gentle pendulums
 - Scapular setting/retraction without shoulder elevation
- **Precautions:** Avoid combined flexion with internal rotation (IR) or horizontal adduction that stresses posterior capsule.

Phase 2: Early Rehabilitation (4–8 weeks)

Goals: Gradually restore PROM, begin gentle active-assisted ROM (AAROM) while maintaining repair protection.

- **Sling:** Discontinue around week 4 once cleared.
- **ROM:**
 - PROM \rightarrow AAROM toward:
 - Forward flexion to 135°
 - ER to 45° in neutral abduction
 - Abduction to 90°
 - Avoid IR past neutral in early phase.
- **Exercises:**
 - Scapular stabilization
 - Isometric rotator cuff and deltoid activation in neutral
 - Continue distal joint mobility
- **Precautions:** Avoid positions of posterior loading (flexion + IR/horizontal adduction).

Phase 3: Intermediate Rehabilitation (8–12 weeks)

Goals: Achieve full, pain-free AROM; initiate light strengthening.

- **ROM:** Full by week 12, avoiding end-range provocative positions until cleared.
- **Strengthening:**
 - Light resistance bands for ER/IR in neutral, progressing to scapular plane
 - Periscapular muscle strengthening
 - Closed-chain UE work (wall push-ups, weight shifts)
- **Exercises:**
 - Rhythmic stabilization drills
 - Proprioception training
- **Precautions:** No heavy pressing or pushing motions yet.

Phase 4: Advanced Strengthening (12–20 weeks)

Goals: Build strength, dynamic stability, and sport/occupation readiness.

- **Strengthening:**
 - Progressive cuff and scapular resistance exercises
 - Gradual introduction of pressing motions (bench press, overhead press) with neutral grip
 - Plyometric drills (two-hand → one-hand passes)
- **Functional Training:**
 - Sport-specific drills emphasizing controlled posterior loading
 - Return-to-throwing or overhead progression if indicated

Phase 5: Return to Sport/Work (5–6+ months)

Goals: Full, pain-free ROM; strength $\geq 90\%$ of contralateral side; no subjective instability.

- **Criteria for Return:**
 - No pain or instability with sport/work tasks
 - Functional testing $\geq 90\%$ symmetry
 - Completion of sport-specific or job simulation drills without symptoms
 - Surgeon clearance
- **Exercises:** Unrestricted overhead and pressing activities, agility drills, and high-speed sport maneuvers.

Key Evidence Notes:

- Limiting IR and horizontal adduction in early rehab protects posterior capsulolabral repair (Schroder et al., 2020).
- Closed-chain stabilization improves proprioception and joint stability (Camargo et al., 2019).
- Gradual progression to posterior loading activities is critical for preventing recurrence (Mazzocca et al., 2017).

