

Arthroscopic Glenoid Labrum Repair (for recurrent subluxation)

Days 1-14

Patient is to remain in sling during daily activities

Rehab to consist of cryotherapy and interferential current stimulation for pain relief

HEP: grip strengthening, scapular retraction, pendulums as tolerated

Week 3

Initiate PROM

- Flexion and Abduction as tolerated
- ER to 60°
- No forced IR

Isometrics – IR/ER/Flex/Abd (5x5" up to twice daily)

Russian stimulation – Utilize in athletic population to gain external rotation activation

Cryotherapy 2-3x/day and interferential current stimulation as needed

Weeks 4

Continue PROM

- Full ER and elevation as able
- Begin internal rotation comfortably
- Posterior capsule/distraction stretching
- HEP – self stretching at doorway

Begin resistance training on rotator cuff

- In clinic – isokinetics at low speeds, manual resistance
- HEP – Tband ER/IR, supraspinatus lifting or wall slides

Scapulothoracic work: Rows, Shuttle Presses, Cord Adduction/Extension

Continue stimulation as needed/cryotherapy 2-3x/day

Weeks 5-6

Regain full motion through PROM and overpressure

Continue rotator cuff strengthening as indicated by testing and functional assessment

- Isokinetics
- Dumbbell/theraband resistance at neutral and 90°
- Full can/empty can for supraspinatus
- Overhead work progressing from unilateral to bilateral

May return to weight training with resistance progression

- Avoid overextension with chest/shoulder lifts

Modalities/Taping as needed for inflammation control throughout progression

Weeks 7-8

Rotator Cuff testing via isokinetic machine

Goals for return to full activity

- External Rotation strength 85% of uninvolved side
- ER/IR ratio ranging between 55-75%

Functional progression as indicated by sport/desired activity

HEP – maintenance 2-3x/week

- T,W,Y lifts
- Postural stretches
- Scapular stabilization/strength
- Capsular stretching