Cathal J Moran
ORTHOPAEDIC AND SPORTS SURGEON
KNEE AND SHOULDER

SSC
SPORTS SURGERY CLINIC
Specialists in Joint Replacement, Spinal Surgery, Orthopaedics and Sport Injuries

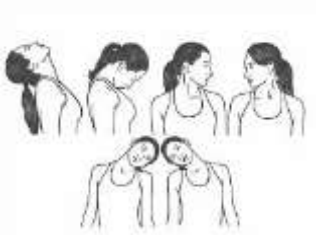
Patient Name:_____

Date of Surgery:_____

Shoulder Stabilisation/Labral Repair

You will be required to wear a sling for the first 3-4 weeks depending on the extent of your surgery, this will be explained to you by your surgeon/physiotherapist. During this period, it is important to maintain mobility of the surrounding joints to prevent stiffness. You should remove your sling only for the exercises below. It is very important to remain within the movement parameters described below and not to force any painful movement in in order to protect healing. It is recommended to follow up with your physiotherapist 10 - 14 days post-surgery to commence your rehabilitation. The following exercises should be carried out 3-4 times daily.

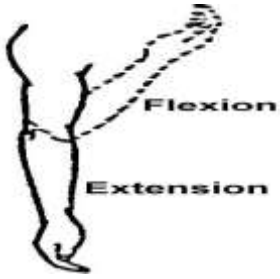
1. **Neck Range of Movement**



Turn your head to one side, then the other. Repeat 10-15 times Tilt your head towards one shoulder, then the other.

Repeat 10-15 times.

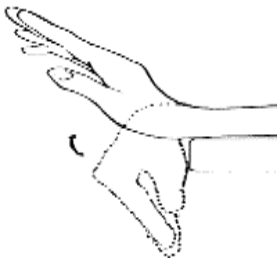
2. **Elbow Range of Movement**



Take your arm out of the sling. Keep your arm by your side. Straighten your elbow fully and bend it fully.

Repeat 10-15 times.

3. **Wrist Range of Movement**



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

Repeat 10-15 times.

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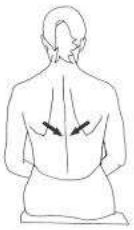
4. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

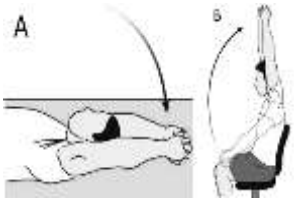
Repeat 10-15 times.

4. Pendulum/Circular

Bend forward 90 degrees at the waist, placing your uninvolved hand on a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counter clockwise 10 times.

Keep your arm relaxed during the exercise. The circular pendular movement should occur through your shoulder joint.

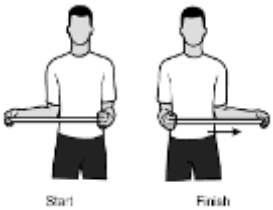
5. Assisted Shoulder Flexion



This exercise can be done either lying down (A) or sitting down (B). Clasp hands together and lift arms as far as you feel comfortable (<90 degrees). Keep your elbows as straight as possible. Repeat 5-10 times

DO NOT PUSH PAST 90 DEGREES FLEXION!

6. Assisted Shoulder Rotation



Grasp the stick with one hand and cup the other end of the stick with the other hand. Keep the elbow of the shoulder you are stretching against the side of your body and gently push the stick horizontally as shown, as far as you feel comfortable (<30 degrees).
Repeat 5-10 times.

DO NOT PUSH PAST 30 DEGREES EXTERNAL ROTATION!

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Physiotherapy Rehabilitation Guidelines: Shoulder Stabilisation/Labral Repair Phase 1-2

Phase 1 Strength and Control			
Week 0-3	**Aim**	**Guidelines**	**Physio**
WORK IN SAFE ZONE A: • 90 degrees flexion • 30 degree ER in scaption plane (unless otherwise defined by consultant) 	• Protect repair • Ensure wound healing • Eliminate effusion • Prevent cuff wasting / periscapular muscle wasting • Facilitate normal movement patterns	• Wear sling to immobilise – take out for guided exercises only • AAROM flexion as comfortable in safe zone A • AAROM external rotation as comfortable in safe zone A • **No combined abduction and external rotation** • Do not force or stretch • Proprioceptive exercises (minimal weight bearing below 90 degrees)	• AROM wrist, elbow, neck • Gentle isometrics (painfree, submaximal efforts) • Postural awareness and scapular setting • Maintenance of cervical /thoracic motor control, • Joint position sense kinesthesia • Soft tissue release • Address kinetic chain
Exit criteria **Patient is able to perform all of the exercises in the previous phase without any discomfort or apprehension.**			

Phase 2 Strength and Control			
Week 3-6	**Aim**	**Guidelines**	**Physio**
WORK IN SAFE ZONE B: 	• Protect repair • Full elevation with normal scapulahumeral rhythm • Early strengthening • Gain cuff endurance • Maintain cardio and lower limb condition	• Wean off sling • Progressive active assisted to active ROM as comfortable • **No combined abduction and external rotation** • Do not force or stretch • Avoid activities with excessive load on anterior structures e.g. push ups	• Maintain cervical /thoracic control • Progress cuff exercises • Scapula control through flexion • Joint position sense • Continue proprioceptive exercises (minimal weight bearing below 90 degrees) • Kinetic chain • Soft tissue release • Manual therapy (no PA's)
Exit criteria **Patient is able to perform all of the exercises in the previous phase without any discomfort or apprehension.** **Active elevation to pre-op level**			

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Physiotherapy Rehabilitation Guidelines: Shoulder Stabilisation/Labral Repair Procedure Phase 3

Phase 3 1. Strength, 2. Control, 3. Power, 4. Reactive			
Week 6-12	**Aim**	**Guidelines**	**Physio/S&C**
• Gradually progress to full AROM in all planes as able	• Regain scapula and glenohumeral stability • Muscle synergy in various positions • Working towards full cuff strength – symmetry between left and right • Gradually increase ROM in all ranges	• Gradually increase ROM • Strengthen • Increase proprioception through open & closed chain exercise • Ensure and treat posterior tightness • Avoid stressing anterior capsule	• Soft tissue work as indicated • Cuff strength • Kinetic chain progressions • Proprioception through open & closed chain exercises • Plyometrics and pertubation training – dictated by cuff control and endurance • Non aggravating sports specific rehabilitation
Exit criteria **Patient is able to perform all of the exercises in the previous phase without any discomfort or apprehension.** **Normal movement pattern through range** **Symmetrical range**			

Note: As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact rehab@cathaljmoran.com if you have any queries

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