

Shoulder Labral Repair

Post-Operative Rehabilitation Protocol

A phase-by-phase guide to protecting your repair and safely returning to sport.

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Patient: _____

Surgery date: _____

Operative side: R / L

HOW TO USE THIS GUIDE

Your recovery moves through **five phases** over about **5–6 months**. Progression is based on how your shoulder is healing — **not just the calendar**. Your surgeon and physical therapist may adjust the pace based on the size and location of the tear and the quality of the tissue repaired.

Circle the repair location(s) below. If a posterior or circumferential repair was performed, the matching addendum at the back of this packet adds restrictions specific to that repair.

PROCEDURE PERFORMED

Labral repair location (circle all that apply)

Superior (SLAP) **Anterior (Bankart)** **Posterior** **Inferior**
(Circumferential)

YOUR RECOVERY AT A GLANCE

Phase	Typical timing	Focus	Sling?
1 · Maximum Protection	Weeks 0–4	Protect the repair; no active motion; ER limited to 15°	Yes — nearly full-time
2 · Early Motion	Weeks 4–6	Begin active motion; ER progresses to 45°	Nights only
3 · Active Motion & Strength	Weeks 6–12	Full AROM progresses; ER advances to ~75–90°	No
4 · Progressive Strengthening	Weeks 12–16	Full motion; build rotator cuff and scapular strength	No
5 · Return to Sport	Weeks 16–24+	Sport-specific training; criteria-based testing; full return	No

SLING: ABDUCTION PILLOW FOR 4 WEEKS, THEN PLAIN SLING

Your sling includes an **abduction pillow** that holds the arm slightly away from the body — this is standard practice for an anterior (Bankart) repair and reduces tension on the healing labrum. **The pillow comes out at week 4**; the sling itself continues (arm at your side) through week 6, when it's discontinued.

A QUICK WORD ON HEALING

The repaired labrum needs about **4–6 weeks to heal securely** to the glenoid bone, and continues maturing for months after. Full recovery — including return to overhead sport — typically takes **5–6 months**. Feeling good early does **not** mean the repair is strong yet; the most common cause of re-injury is doing too much, too soon.

PHASE 1

Maximum Protection

Protect the repair · no active shoulder motion · external rotation limited to 15°

WEEKS

0–4

GOALS

- Protect the labral repair
- Control pain and swelling
- Maintain elbow, wrist, and hand motion
- Begin gentle passive motion within strict limits

DO NOT

- Actively move the shoulder in any plane for the first 4 weeks
- Rotate the shoulder outward (externally) beyond 15°
- Lift, push, or pull anything with the operative arm
- Remove the sling except for hygiene and prescribed exercises

WHAT YOU'LL DO

- **Sling with abduction pillow** worn nearly full-time — constantly for the first 48–72 hours, then daytime as needed and every night
- **Codman's pendulum exercises** — clockwise, counterclockwise, side-to-side, front-to-back
- **Passive/active-assisted motion with a wand or cane** — flexion, abduction, and external rotation to 15° only
- **Elbow, wrist, and hand motion** — flexion/extension, supination/pronation
- **Ice 3–5 times a day for 20 minutes**
- Starting week 2: gentle isometrics (flexion/extension/abduction/adduction) and light shoulder shrugs/scapular retraction

READY FOR PHASE 2 WHEN...

- Incisions are healing well with no signs of infection
- Pain is controlled and passive motion limits are being met comfortably
- Your surgeon confirms the repair is ready for progressive motion (typically the 4-week visit)

PHASE 2

Early Motion

The abduction pillow comes out — sling continues at your side — external rotation progresses from 15° toward 45°

WEEKS
4–6

GOALS

- Remove the abduction pillow at week 4 — the sling itself continues, arm at your side
- Begin active range of motion in all planes
- Progress external rotation from 15° toward 45°
- Wean the sling to nighttime use only, then discontinue by week 6

DO NOT

- Exceed the external rotation limit for your current week
- Lift anything heavy or perform overhead lifting
- Rush out of the nighttime sling before week 6

External rotation progression	Goal
Weeks 4–5	Up to 30°
Weeks 6–7	Up to 45°

WHAT YOU'LL DO

- **Sling for nighttime only** starting week 4
- **Active range of motion** in all planes, within the external rotation limit above
- **Upper body ergometer (UBE)**, forward and reverse
- **Progressive resistance exercises** — shoulder shrugs, triceps extension, biceps curls, prone scapular retraction, wrist and grip work
- **Scar mobility work** once incisions are fully closed
- Joint mobilizations (grade I–II) as directed by your therapist

READY FOR PHASE 3 WHEN...

- Comfortable with active motion within the external rotation limits above
- Sling is no longer needed during the day
- Minimal pain with progressive resistance exercises

PHASE 3

Active Motion & Strength

Sling comes off entirely — motion and strength progress together

WEEKS
6–12

GOALS

- Discontinue the sling completely
- Progress external rotation from 45° toward 75°
- Build a strengthening foundation with the rotator cuff and scapula

DO NOT

- Exceed the external rotation limit for your current week
- Add heavy resistance faster than pain-free tolerance allows
- Begin throwing, swimming, or overhead sport yet

External rotation progression	Goal
Weeks 6–7	Up to 45° (sling discontinued)
Weeks 8–9	Up to 60°
Weeks 10–11	Up to 75°

WHAT YOU'LL DO

- **Theraband internal/external rotation** with low resistance, within the ER limit above
- **Wall push-ups**, progressing as tolerated
- **Serratus punch, prone extension, prone fly** and continued scapular strengthening
- **Body Blade and Plyoball drills** — circles, squares, and diagonal patterns as introduced by your therapist
- **Closed- and open-chain exercises** and proprioceptive work beginning around week 10–11
- Continue UBE, joint mobilizations, and icing as needed

READY FOR PHASE 4 WHEN...

- External rotation has progressed to at least 75° comfortably
- Good tolerance of progressive resistance exercise
- No pain with closed-chain loading (wall/table push-ups)

PHASE 4

Progressive Strengthening

Full motion is within reach — now the focus shifts fully to strength

WEEKS
12–16

GOALS

- Achieve full active range of motion, external rotation to 90°
- Build rotator cuff and scapular strength toward normal
- Progress to more demanding closed-chain exercise

DO NOT

- Begin sport-specific or overhead throwing activity yet
- Progress single-leg/single-arm loaded drills before balance and control are solid

WHAT YOU'LL DO

- **Full active and passive motion**, external rotation progressing to 90°
- **Body Blade diagonals**, progressing to single-leg stance
- **Push-ups with a plus (+)** in push-up position, step-ups in push-up position
- Progressive resistance exercises continue, increasing weight and endurance as tolerated

READY FOR PHASE 5 WHEN...

- Full active motion with external rotation to 90°
- Good rotator cuff and scapular strength and control on functional testing
- No pain with progressive loading

PHASE 5

Return to Sport

Sport-specific training, criteria-based testing, and a graded return to full activity

WEEKS
16–24+

GOALS

- Full return to work, sport, and recreation
- Pass objective testing before returning to contact or overhead sport

KEEP IN MIND

- Full recovery typically takes 5–6 months — athletes in daily PT may progress toward the faster end (~4.5 months), others may take the full 6
- Sport-specific training should be supervised

WHAT YOU'LL DO

- **Sport-specific exercises** begin around weeks 16–23
- **Interval throwing or serving program** for overhead athletes, once cleared by testing below
- **Full activity progression** around week 24

RETURN-TO-SPORT TESTING

Current evidence shows that **criteria-based return-to-sport (CBRTS) testing** meaningfully lowers the risk of **re-injury** compared to clearing an athlete on time alone — one study found nearly a **5-fold reduction** in recurrent instability with objective testing before clearance. Before returning to cutting, contact, or overhead sport, a typical battery includes:

- **Isokinetic or isometric strength testing** — internal/external rotation at the side and at 90° abduction, aiming for at least 90% of the non-operative side
- **Rotator cuff endurance** — a side-lying external rotation endurance test
- **Scapular/core stability** — the Closed Kinetic Chain Upper Extremity Stability Test (CKCUEST), aiming for about 22+ touches averaged over three trials
- **Functional power** — a seated single-arm shot-put test for distance, aiming for at least 90% of the non-operative arm
- **Patient-reported outcome measure** — such as the WOSI (Western Ontario Shoulder Instability index)

For throwing and overhead athletes, a formal interval throwing or serving program begins only after passing this testing.

CALL THE OFFICE RIGHT AWAY IF YOU NOTICE

- Fever over 101.5°F, or spreading redness, warmth, or drainage at the incisions
- Calf pain or swelling, chest pain, or shortness of breath (call 911 for chest pain/breathing trouble)
- A feeling of the shoulder slipping or giving way, or a sudden loss of motion
- Pain not controlled by medication, or new numbness/tingling in the hand

ADDITIONAL RESTRICTIONS

If a Posterior or Circumferential Repair Was Performed

The base protocol above is written for the most common repair — anterior (Bankart), with or without a superior (SLAP) component, which share the same restrictions. The addenda below **modify** — **they do not replace** — **the base protocol** for the repair(s) circled on page 1. Where an addendum is stricter, **the stricter rule wins**.

ADDENDUM A | ADDITIONAL PROCEDURE

Posterior Labral Repair

A posterior labral repair protects the back of the shoulder rather than the front. The restrictions that matter here are the mirror image of a standard anterior repair — instead of limiting outward rotation, the priority is avoiding reaching across the body and behind the back.

Weeks 0–4 — extra rules

- **No abduction pillow** — a posterior repair uses a simple sling in neutral rotation instead, since the goal is protecting the back of the joint rather than holding the arm away from the body
- **No reaching the arm behind your back** and **no internal rotation behind the back**
- **No horizontal (cross-body) adduction** — don't reach the operative arm across your body
- **Keep the arm in front of your body** whenever it's out of the sling
- **Limit forward flexion to about 120°** for the first 4 weeks
- **No active shoulder elevation**; external rotation may be allowed earlier than in the base protocol — follow your surgeon's specific limits rather than the ER schedule above

Weeks 4–8

- Sling typically weaned during the day around weeks 2–4, with nighttime use continuing longer per your surgeon
- Flexion and abduction progress beyond 90° as tolerated; begin gentle internal rotation and cross-body stretching only after about week 8, and only to tolerance
- Avoid the **combined position of internal rotation plus horizontal adduction** (the posterior apprehension position) through this window

Weeks 8+

- Rotator cuff and scapular strengthening progress similarly to the base protocol
- For throwing athletes: isokinetic testing is performed before beginning an interval throwing program

ADDENDUM B | ADDITIONAL PROCEDURE

Inferior / Circumferential Labral Repair

When the tear extends around most or all of the labrum (a 360° repair) or involves the inferior labrum with multidirectional instability, the repair needs protection from stress in every direction — combining the anterior and posterior precautions and extending them further into recovery.

Weeks 0–6 to 8 — extra rules

- **Sling worn at all times** except for showering and prescribed exercise, typically for a full **6 weeks** (rather than progressively weaning as in the base protocol)
- **Both sets of precautions apply together**: avoid combined abduction with external rotation (the anterior precaution) **and** avoid internal rotation behind the back with cross-body adduction (the posterior precaution)
- **Extensive (near-360°) repairs are protected for 8 weeks** rather than 6, reflecting the larger area of healing tissue

Weeks 8+

- Motion and strengthening progress toward the base protocol's targets on a delayed timeline set by your surgeon
- Because stability depends on healing in every direction, your surgeon may be more conservative about clearing return to collision or overhead sport even after testing criteria are met

QUESTIONS ALONG THE WAY?

Bring this packet to every physical therapy visit and follow-up appointment. Your therapist can note your measured motion and strength in the margins so everyone stays on the same page.

Advocate Medical Group — Orthopaedic Surgery & Sports Medicine

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This protocol is a general guideline based on current evidence and criterion-based rehabilitation principles. It does not replace individualized medical advice; the instructions of your surgeon and physical therapist always take precedence.