

Mr Mark S. Falworth MBBS FRCS(Eng) FRCS (Orth)
Consultant Orthopaedic Surgeon
Shoulder and Elbow Surgery

Spire Bushey Hospital
Heathbourne Road
Bushey
Watford
Herts, WD23 1RD

Royal National Orthopaedic Hospital
Brockley Hill
Stanmore
Middlesex
HA7 4LP

The Stanmore Clinic
HCA Elstree Waterfront
The Waterfront
Beaufort House, Elstree Rd.
Herts, WD6 3BS

Appointments & Queries:
Practice Manager: Lynn Etherton
Telephone: 020 7042 1807
Fax: 020 7042 1808
Email: lynn.ertherton@phf.uk.com

All correspondence to Spire Bushey Hospital

Physiotherapy protocol: Anterior Labral Repair / Stabilisation

Weeks 1-6:

- Sling for 6 weeks
- Restrict motion to 90° FF/ 20° ER at side/ IR to stomach/ 45° ABD
- PROM → AAROM → AROM as tolerated
- No cross-body adduction until 6 weeks post-op
- Isometrics in sling
- Heat before/ice after Physio sessions

Weeks 6-8:

- Remove sling at week 6
- Increase AROM 160° FF / 45° ER at side / 160° ABD / IR behind back to waist
- Strengthening (isometrics/light bands) within AROM limitations, horizontal abduction exercises
- Also start strengthening scapular stabilisers (traps/rhomboids/lev. scap/etc)

Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges but only aim for half of external rotation of the normal side at 3 months post-op.
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilisers
- Subscapularis strengthening must be at the exclusion of Pec. Major

Months 3-12:

- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, proprioception and closed chain exercises at 12 weeks.
- Return to gentle throwing at 4 ½ months
- Full ballistics at 6 months

Comments: