

POSTERIOR INSTABILITY REPAIR (LABRAL STABILIZATION) Physical Therapy Protocol

Patient Name:	Date of Surgery:
Procedure: Right / Left Shoulder Posterior Stabilization	n
Evaluate and Treat	
Provide patient with home program	
Frequency:x/week xweeks	
	eneral, sling should be worn at all times during this phase hening exercises are performed within strict motion limits
 Weeks 0-3: No formal PT Shoulder immobilizer should be worn at all the should be worn at all the	
 • Weeks 3-6: Begin formal PT (2-3 x/week) • Sling at all times (except for hygiene and PT) • ROM: Restrict motion to 90 deg FF / IR to the No cross-body adduction. • Progress PROM → AAROM → AROM as • Heat before, ice after. 	e stomach / ER as tolerated with arm at side. tolerated within the above limits.
• Strengthening: Cuff/periscapular/deltoid is	
Phase II (6-12 weeks): Advance active motion	n and strengthening.
 D/C sling if cleared by MD. 	
 ROM: Progress active ROM to within 20 degree 	rees of opposite side; avoid aggressive passive stretching in

- ROM: Progress active ROM to within 20 degrees of opposite side; avoid aggressive passive stretching in forward flexion, cross-body adduction and IR.
- Strengthening:
 - Progress cuff/deltoid and periscapular strengthening: isometrics → bands → light weights (1-5 lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/week to avoid cuff tendonitis).
 - Modalities as per PT discretion.



•	D/C sling if cleared by MD.
•	ROM: Passive stretching at end ranges if full motion not yet achieved, as tolerated.
•	 Strengthening/Activities: Continue bands/light weights as above, 3x/week. Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body black and progress to sport-specific/job-specific exercises by 4 months.
•	 Throwers: @ 4.5 months, may begin light-tossing if full-strength and motion. @ 6 months throw from the pitcher's mound and/or return to collision sports (hockey, football,
•	 Work: Overhead work without lifting is usually possible @ 4.5-6 months. Can resume heavy labor once full-strength achieved (usually 6-9 months).

By signing this referral, I certify that I have examined this patient and physical th	nerapy is medically necessary.
This patient would would not benefit from social services.	
Physician Name:	Date:
Thysician name.	

