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**SUPERIOR LABRAL REPAIR  
REHABILITATION PROTOCOL**

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-4 weeks	Active/active-assisted stretch to 45° ER, 140° forward flexion, IR as tolerated	<b>0-2 weeks:</b> Immobilized at all times day and night  Off for gentle home exercise only  <b>2-4 weeks:</b> Worn daytime only	Wrist/hand ROM, grip strengthening, isometric abduction  External/internal rotation w/ elbow at side  Begin cuff/deltoid isometrics at 2 weeks; closed chain scapula
<b>PHASE II</b> 4-8 weeks*	Increase forward flexion and internal/external rotation to full ROM as tolerated	None	Advance isometrics in Phase I to use of theraband, continue with wrist/hand ROM and grip strengthening  Begin prone extensions and scapular stabilizing exercises, gentle joint mobs
<b>PHASE III</b> 8-12 weeks	Progress to full AROM without discomfort	None	Advance theraband exercises to use of weights and progress Phase II work  Cycling and upper body ergometer at 8 weeks  Outdoor running and planks/push-ups at 10 weeks
<b>PHASE IV</b> 12-20 weeks**	Full and pain-free	None	Advance Phase III exercises  Begin functional progression to return to previous activity level***  Throwers may begin interval throwing program at 16 weeks

\*6-8 weeks is required for healing of the biceps labrum, therefore, avoid activities that stress the repair (i.e. active biceps exercises, forceful extension, etc.)

\*\*Patient may return to the weight room at 3 months, if appropriate

\*\*\*Patient may return to competitive sports, including contact sports, by 5 months, if approved