DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Posterior Labral Repair

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Wear the neutral-rotation sling at all times, including while sleeping, for the first 6 weeks.
- Protect the posterior repair by avoiding forward flexion combined with adduction and internal rotation: reaching across the body, pushing, pulling, and bearing weight through the arm.
- External rotation is safe and encouraged early; internal rotation and cross-body reaching are the restricted motions after a posterior repair.
- Contact the office for fever, excessive drainage, increasing redness, uncontrolled pain, new numbness or tingling, or sudden loss of motion.

PHASE I
Immediate Post-Op Protection

TIMEFRAME
WEEKS 0–6

Goals:
Protect the repair, control pain and swelling, maintain mobility of the elbow, wrist, and hand, and begin protected passive shoulder motion within ordered limits.

Precautions:
No active shoulder motion, no pushing or pressing, no weight bearing through the arm, and no reaching across the body or behind the back, including in sleep.

Typical Motion Limits:
Forward elevation to about 90°, internal rotation to neutral, external rotation as tolerated.

Interventions:
Cryotherapy, grip strengthening, elbow and wrist range of motion, scapular setting, postural work, and gentle passive and active-assisted shoulder motion only within the ordered limits.

Criteria to Progress:
Pain is controlled, the wound is healing, the patient tolerates early protected motion, and there are no signs of instability or repair irritation.

PHASE II

Protected Motion & Early Activation

TIMEFRAME

WEEKS 6–12

Goals:
Wean from the sling, progress passive motion to active-assisted and then active motion as cleared, and restore basic neuromuscular control without loading the repair posteriorly.

Interventions:
Continue passive motion; add cane or pulley active-assisted motion, table slides, wall-assisted flexion, scapular control drills, and submaximal isometrics in safe positions — external rotation and extension isometrics before internal rotation.

Restrictions:
No push-ups, bench press, dips, or any pressing motion. Avoid forceful cross-body stretching, loaded internal rotation, and sudden jerking movements.

Criteria to Progress:
Improving range of motion, good tolerance of active-assisted and active motion, minimal substitution, and no increase in pain or apprehension.

PHASE III

Active Motion & Progressive Strengthening

TIMEFRAME

WEEKS 12–16

Goals:
Restore full active range of motion, improve dynamic shoulder stability, and build rotator cuff and periscapular strength without provoking instability symptoms.

Interventions:
Progress to full active range of motion, add resistance band or light weight work for the rotator cuff, deltoid, and periscapular musculature, and begin closed-chain stability drills below shoulder height.

Functional Focus:
Posture, scapulohumeral rhythm, controlled reaching, and pain-free use of the arm for light activities of daily living.

Restrictions:
Pressing and push-up progressions are introduced last and only once cleared by Dr. Yao. Avoid contact activity and heavy overhead loading.

Criteria to Progress:
Near-full range of motion, good scapular control, minimal pain, and appropriate tolerance of progressive strengthening.

PHASE IV

Advanced Strengthening & Return to Activity

TIMEFRAME

4–6+ MONTHS

Goals:

Build strength and endurance, normalize overhead mechanics, improve dynamic stability, and prepare for return to work, recreation, or sport.

Interventions:

Advance resisted cuff and scapular strengthening, graded pressing and closed-chain loading, rhythmic stabilization, overhead progression, plyometrics when appropriate, and sport-specific drills.

Return to Work/Sport:

Desk work may resume sooner. Blocking, tackling, bench press, and other loaded pressing activities usually require surgeon clearance and a 5–6 month timeline or longer.

Discharge Criteria:

Functional range of motion, symmetrical shoulder strength and endurance, stable mechanics during daily and sport-specific tasks, and no pain or apprehension in posterior-load positions.

This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on instability severity, repair technique, and tissue quality.