



HIP ARTHROSCOPY LABRAL REPAIR REHABILITATION PROTOCOL

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PROTOCOL FOR THROWING ATHLETES AFTER REPAIR OF TYPE II S.L.A.P. LESION

WEEK 1:

Sling immobilization at all times; gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period

WEEKS 2-4:

Codman circumduction exercises; gentle passive **range-of-motion** within pain-free range avoiding external rotation beyond neutral and extension of arm behind body

WEEKS 4-10:

Discontinue sling; progressive passive **range-of-motion** to full, as tolerated in all planes; begin passive posterior capsular and internal rotation stretching; begin passive and manual scapulothoracic mobility program; begin external rotation in abduction exercises; begin protected biceps, rotator cuff and scapular stabilizer strengthening; allow use of operative extremity for light activities of daily living

WEEKS 10-16:

Begin biceps, rotator cuff and scapular stabilizer resistance exercises; begin sport-specific exercise program

WEEKS 16-24:

Begin interval-throwing program on level surface; continue stretching and strengthening programs with special emphasis on posterior capsular stretching

WEEKS 24-28:

Begin throwing from the mound

AFTER 28 WEEKS:

Allow full velocity throwing from the mound; continue strengthening and posterior capsular stretching indefinitely; since occult posterior capsular tightness had a significant role in the original S.L.A.P. Lesion, stretching this area will limit the chances of recurrence.