

Shoulder (Labrum Repair) Rehabilitation Post-Regenerative Medicine Treatment

Sean Mulvaney, MD and Britta Nauman, DPT, CMTPT

- First Days Post Treatment
 - **Keep the shoulder in the sling for the prescribed number of days**, which depends on the specific treatment as well as the type and severity of the shoulder injury. (Typically, 4 - 5 days)
 - The labrum (which means “lip” in Latin) is a cartilage extension of the shallow “cup” in the shoulder blade that the arm bone rotates in. The goal of your treatment is to have the labrum re-attach to the boney cup. This repair is helped by keeping the labrum in place against the bone. The labrum is tugged off of the bone when you have weight on your arm, particularly when the arm is being pulled down (such as when holding a weight in your hand).
 - It is very important during this time not to use or load the shoulder. This includes opening doors, using the arm to drive and picking up items. The concept here is that the regenerative treatment (PRP, Lipogems, etc.) was precisely placed along the cartilage labrum and the boney cup it needs to re-attach to and loading the shoulder during this critical phase may displace or move the treatment from where it can do the most good.
 - During this time the sling may be carefully adjusted for comfort but should continue to support the forearm. Place additional padding under the sling as needed for comfort. If desired, once or twice a day the sling may be carefully removed to use a wash cloth to clean the arm pit with the arm hanging down or shower using the untreated arm.
 - In your sling you may exercise your grip by doing towel squeezes and rolling your wrists around. Roll shoulders and pull shoulder blades down and back for 20- 30 repetitions each, 5 times per day. Perform gentle range of motion for your neck by moving your neck side to side, and forward and backward, 20- 30 repetitions each, 5 times per day. Keep your chin tucked back to ease the stress on your neck.
 - Leave the sling on loosely while sleeping to prevent your arm from flailing during sleep. Position on your back and place a small flat pillow between forearm and trunk to help keep shoulder in a comfortable position. It may help to place a pillow under your knees.
- Once Out of the Sling; for the next 2 to 3 weeks
 - Hanging Arm Circles and figure “8”s
 - Bend forward so the arm hangs free and make a slow easy circular or figure 8 motion with the hanging arm. Start with small circles or figure “8”s and as the shoulder loosens up gradually make larger circles. Do about 10 circles or figure “8”s clockwise and then counter clockwise. Do these 4 to 6 times a day.
 - Wall Walks
 - Stand closely facing into a wall. Bend the elbow on the affected arm so the palm faces the wall in front of you. Using your middle

and index fingers as “legs” slowly walk the hand up the wall. Do not let your hand drift out to the side. The goal is to get the arm fully extended over-head, but this may take a week or more to get this range of motion back. The shoulder may be stiff, and this will be uncomfortable, but slowly getting your range of motion back in your shoulder is a critical step in your recovery. Repeat this same action, but for this variation, stand sideways to the wall with your injured arm facing the wall. Walk the fingers up the wall while pressing the side of your body in the wall. Complete each of these exercises with a 5 second hold at the top for 10 repetitions, 4-6 times a day.

- Scapula stabilization
 - Rows: Standing or sitting, arms at sides, pull shoulder blades together and hold for 3- 5 seconds. Repeat 20 times.
 - Prone I’s with palm down: Lie on stomach with towel roll to support forehead. Arms at sides with palms towards the floor, lift arms and squeeze shoulder blades together, hold for 3- 5 seconds and repeat 10 times, increase to 20 reps when increased ease of activity.
 - Prone T’s with palm down: Lie on stomach with towel roll to support forehead. Arms in a T with palms down, lift arms and squeeze shoulder blades together, hold for 3-5 seconds and repeat 10 times, increase to 20 reps when increased ease of activity.
- Start formal shoulder Physical Therapy (PT)
 - You will start shoulder PT at six weeks. **IMPORTANT:** do NOT allow the therapist to move your arm for you (passively move the shoulder) You can move your shoulder using your own muscles. The initial goals will be to restore proper posture, slowly restore active full range of motion to the shoulder and re-establish scapular control (control of the shoulder blades). Your therapist will prescribe and guide you through strengthening exercise for scapular stability and light rotator cuff strengthening exercises. (Avoid active external rotation for 3 months). Some brief (10 minutes or less) period of heat or ice therapy will not hurt the regenerative treatment. Avoid modalities such as any form of laser, electrical stimulation, ultrasound or iontophoresis. Dry needling is fine if needed.
- During this time, avoid aggravating activities. Exercise is vital to good health and finding a way to cross train around your injury is important not only for your physical health, but for your mental health as well. Ask me about cross training options for your injury.
- 3 Months post-treatment
 - “Angel” Floor stretches
 - This is a critical exercise to getting your shoulder better. Lie down on the floor, positioned on back. Place arms on the floor with a right-angle bend in your elbows. Allow forearms to gently stretch

back to the floor with palms up. Attempt to get elbows and wrists resting on the floor, once you can do this slowly work your arms overhead. Flatten your lower back to the floor to engage core.