



ORTHOPAEDIC & FRACTURE CLINIC

Arthroscopic Bankart Repair Protocol

Rehabilitation and Post-Surgical Goals:

- Control pain and inflammation.
- Regain normal upper extremity strength and endurance.
- Regain normal shoulder ROM.
- Achieve the level of function based on the orthopaedic and patient goals.

Physical therapy should be initiated within the first one to two weeks post operative and should be supplemented by a home directed program where the patient performs the given exercises at home or a gym facility.

Phase I (Weeks One – Three Post Op)

Range of Motion:

- Gradual increase.
- PROM scapular plane.
- External rotation 0-10 degrees week two.
 - 0 to 20 degrees week three.
- Internal rotation 0 to 45 degrees week two.
 - 0 to 60 degrees week three.
- Passive and AAROM.
- Flexion/elevation 0 to 60 degrees week two.
 - 0 to 90 degrees week three.
- Pendulum exercises, wand exercises within limitations, gentle grade I/II mobs.
- No active ER/abduction/extension.

Strength:

- Initiate submaximal isometrics – PAIN FREE.
- Brace use for four weeks unless otherwise noted by the referring orthopaedic surgeon.
- Brace removed for exercises above.

Modalities:

- E-stim for pain control as needed.
- Ice 15-20 minutes.

Goals:

- Promote tissue healing.
- Control pain and inflammation.
- Gradual increase in ROM.
- Independent in home exercises.
- Initiate muscle contraction.

Phase II (Weeks Three – Six Post Op)

Range of Motion:

- Passive and AAROM – scapular plane.
- External rotation 0 to 30 degrees week six.
- Internal rotation full ROM week six.
- Flexion/elevation 0 to 140 degrees week six.
- Pendulum exercises, posterior capsular stretch, wand exercises, gentle manual stretching to achieve goals.

Strength:

- Continue isometric activities.
- Initiate supine rhythmic stabilization at 90 degrees of flexion.
- Initiate UBE for endurance improvement.
- Initiate scapular stabilizer strengthening four square activities in side-lying.

Brace:

- Discontinued at four weeks.

Goals:

- Control pain and inflammation.
- Enhance upper extremity strength.
- Gradual increase in ROM.

Phase III (Weeks 6 – 12 Post Op)

Range of Motion:

- Full ROM by 10 weeks.
- Flexion/elevation 0 to 170 degrees by week eight.
- External rotation with the shoulder at 90 degrees of abduction: 0-75 degrees start week eight.

Strength:

- Continue strengthening activities from previous phases.
- Initiate supine flexion, SLER, bent row, full can flexion and internal rotation isotonic strengthening.
 - Weight of the extremity initially and gradually progress weights 8 oz., 1 lb., etc.
- Scapular stabilization strengthening including prone horizontal abduction, extension and prone lower trap strengthening.
- Theraband ER/IR in modified neutral position.
- Manual resisted PNF patterns in supine.
- Isokinetic strengthening ER/IR at week 10-12.
- UBE for endurance and strength improvement.

Goals:

- Reach full ROM.
- Improve upper extremity strength and endurance.
- Enhance neuromuscular control.
- Normalize arthrokinematics.

Phase IV (Weeks 12 – 24 Post Op)

Range of Motion:

- Continue ROM exercise from previous phase.
- Towel stretching.
- Grade III-IV mobs to achieve full ROM.

Strength:

- Progress strengthening program with increase in resistance and high speed repetitions.
- Progress with eccentric posterior cuff and scapular strengthening.
- Progress rhythmic stabilization activities to include standing PNY with tubing.

- Initiate military press, bench press and lat pull down form and light weight control initially and progress as tolerated.
- Initiate sports-specific drills and functional activities.
- Initiate interval throwing program at 16 to 20 weeks.
- Progress isokinetic strengthening high speeds ER/IR.

Goals:

- Full ROM.
- Maximize upper extremity strength and endurance.
- Maximize neuromuscular control.
- Initiate sports-specific training/function training.

Return to activity requires both time and clinical evaluation. To most safely return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and ROM testing is necessary to determine that the patient has achieved these goals prior to release to work or sports activity.