



Arthroscopic Anterior Bankart Repair – Rehab Protocol

General time frames are given for reference, with individual patients progressing at different rates. Progression should be dictated by time and achievement of each phase. If at any time the patient is experiencing advanced or unusual pain with the recommended exercises, the protocol may be slowed down or backed up. Please instruct the patient to call the orthopedic office for further pain medication management issues. Labral repairs can take 4–6 weeks for the labral adhesions to effectively bond to the rim of the glenoid bone and about another 4–6 weeks to get strong. Once the labrum has healed to the rim of the bone, it should be stressed gradually so that it can gather its strength. As a result, please be mindful to avoid “pinch” pain into the barrier of ROM during each phase of motion.

*****Please refer to more restrictive protocol at each phase, if a secondary rotator cuff repair is completed.*****

Precautions (weeks 1–6)

- No active range of motion (AROM) of the involved shoulder for the first six weeks.
- Passive range of motion (PROM)/ Active assistive range of motion (AAROM) of the involved shoulder solely the first six weeks. No excessive flexion, ER, or extension in particular.
- Light shoulder isometrics to be completed in all planes except for extension.
- **Maintain operative arm in abduction pillow immobilizer/ sling (as directed by physician, there may be a variance), removing only for exercise, dressing, and bathing the first TWO weeks.** Patient may take off the immobilizer/ sling if inactive and sitting with arm supported in a chair/ recliner, while awake.
- **Sleep with the sling ON for the first FOUR weeks**, unless otherwise directed by physician to continue.
- No lifting of more than 1–2 lb's at the involved side's elbow/ wrist.
- No excessive stretching or sudden movements.
- No supporting of body weight on involved side.
- Keep the incision clean and dry. May initiate Vitamin D based lotion post 6–weeks.
- If Open Repair (non-arthroscopic), please refrain from PROM of ER past 0 deg x6 weeks, as there will be some compromise to subscapularis.

Phase I– Immediate Postoperative Phase “restrictive motion” (weeks 0–6)

Goals:

- Protect the anatomic repair
- Prevent negative effects of immobilization
- Promote dynamic stability and proprioception
- Diminish pain and inflammation

Weeks 0-2

- Elbow/hand/wrist AROM
- Hand gripping exercises
- Periscapular AROM with open chain retractions/ rows, posterior shoulder rolls, prone scap retraction, and stance scapular setting
- Passive and gentle Active Assistive ROM exercise
- Flexion/ Abduction to 70 degrees (deg) week 1
- Flexion/ Abduction to 90 deg week 2
- ER/IR with arm at 30 degrees abduction; PROM ER to 5-10 degrees and IR to 45 degrees
- Initiate pendulum exercises at week 2 (14 days) up to 90 deg Flexion/Abduction
- May initiate UBE CW/CCW at AAROM below 90 deg Flexion
- May initiate pulleys at week 2 (14 days) up to 90 deg Flexion/ Abduction
- Initiate isometrics for shoulder musculature at week 2 (14 days) at side of body, refraining from extension plane (hold until week 6 if an open Bankart repair)
- Cryotherapy, vasopneumatic cold compressive devices, modalities as indicated for pain/ swelling

Criteria for Progression:

- 14 days post-operative
- PROM/AAROM per week 0-2 criteria
- No advanced/ abnormal pain symptoms

Weeks 3-4

- Continue gentle ROM exercises (PROM and AAROM)
- Flexion / Abduction up to 100 deg
- ER/IR with arm 45 degrees abd in scapular plane; ER to 15-20 deg, IR to 55-60 deg
- Continue submaximal isometrics, refraining from extension plane
- Initiate AAROM supine wand exercises per AAROM above
- Initiate light rhythmic stabilization (submaximal) into IR/ER with arm supported
- Core stabilization program
- Glenohumeral joint mobilization- grade I-II mobilizations as needed
- Progress Periscapular AROM and control exercises with addition of scapular depressions/ lower trap/mid trap activation
- May initiate light Sleeper Stretch for IR in 15-20 deg Abd up to 60 deg IR
- Continue use of cryotherapy and vasopneumatic cold compressive devices for pain and swelling

Criteria for Progression:

- 28 days post-operative
- PROM/AAROM within week 3-4 criteria that is avoiding "pinch" pain
- Palpable muscle contraction felt in scapular and shoulder musculature

- No complications

Weeks 5-6

- Gradually advance P/AAROM
- Flexion / Abduction permitted to 135-140 deg
- ER at 45 degrees abduction: 50-55 deg
- IR at 45 degrees abduction: 55-60 deg
- Initiate Pulley's into F/Abd, per levels above
- Progress periscapular strengthening program with serratus push-up's, horizontal adduction with band, scap retraction with band and prone mid trap/ scap retraction
- Continue glenohumeral joint mobilization- grade I-II mobilizations as needed
- Progress rhythmic stabilization with arm in at 90 deg F in supine with multi-directional perturbations. Continue IR/ER rhythmic stabilizations with arm supported
- Progress Sleeper Stretch for IR at ~40 deg shoulder abduction (in scapular plane) up to 60 deg
- Continue use of cryotherapy and vasopneumatic cold compressive devices for pain and swelling

Criteria for Progression to enter Phase II:

- 42 days post-operative
- PROM/AAROM within 5-6 week criteria
- Minimal substitution patterns
- Pain <2/10 at rest

Phase II- Intermediate Phase: Moderate Protection Phase (weeks 7-14)

Guidelines (weeks 7-14)

- If Anterior Bankart is coupled with SLAP repair: avoid IR Strengthening until week 6-8
- May wean from cryotherapy/ vasopneumatic compression, if PROM/AAROM is progressing non-painful and non-restrictive.

Goals:

- Full passive range of motion (PROM) goal at week 10.
- Full active range of motion (AROM) goal between weeks 12- 14.
- Preserve the integrity of the surgical repair
- Gradually restore and progress AROM without stressing healing tissue
- Gradually restore muscular strength of the glenohumeral joint
- Improve dynamic shoulder stability and neuromuscular control
- Progress Periscapular strength

Weeks 7-9

- Initiate AROM; continue to progress PROM/AAROM.
- Passive Range of Motion:
- Flexion/ Abduction PROM up to 160 degrees
- ER at 90 degrees abduction: 70-80 degrees at week 7; 90 degrees at weeks 8-9

- IR at 90 degrees abduction: 70-75 degrees
- Active Range of Motion gradually progressed as to not overstress healing tissue:
- Flexion/ Abduction AROM up to 145 deg
- Extension up to 20 deg
- ER/IR AROM progression kept below PROM limits (above) through week 7-9
- Initiate exercise band/tubing into ER/IR (arm at side) and horizontal adduction
- Initiate and progress from dynamic isometrics to isotonic strengthening program
- Initiate weightbearing/ closed-chain exercises with ball on wall, wall push-up progressions
- Initiate light PNF manual resistance in full range
- Initiate isokinetics in neutral (scapular plane), if available
- Continue Sleeper Stretch at 90 deg abd up to 75 deg; add on cross arm posterior capsule stretch

Weeks 10-14

- Progress isotonic strengthening exercises, progressing into full AROM by week 12-14
- Progress weightbearing/ closed-chain exercises in quadruped or tripod positions
- Initiate two-handed plyometrics (overhead tap, chest pass, bouncing ball, et al)
- Continue advancing stretching exercises to full PROM; add on ER wall stretch, towel IR stretch behind back, triceps above head, et al.
- Progress ROM to functional demands (i.e. overhead athlete)
- Progress isokinetics to 45 deg abduction, if available

Criteria for Progression to Enter Phase III

- Full non-painful PROM and AROM
- Satisfactory stability
- Muscular strength (good grade or better)
- Minimal to no substitution patterns with shoulder AROM

Phase III- Minimal Protection Phase (weeks 15-20)

Goals:

- Maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional activities
- Progress to work and sport related functional mobility

Weeks 15-17

- Continue all stretching exercises (capsular stretches)
- Advance strengthening exercises with open-chain gym strengthening with appropriate weightlifting modifications
- Continue plyometrics to 1 handed
- Throwers ten program or fundamental exercises
- Continue PNF manual or band oriented resistance

- Endurance training
- Restricted sport activities (light swimming, half golf swings)
- Initiate interval sport program week 16-18

Weeks 18-20

- Continue all exercises listed above
- Begin sport specific training program with interval throwing protocol
- Progression of sport/ work specific rehabilitation following soreness rules

Criteria for Progression to Enter Phase IV:

- Full non-painful P/AROM
- Satisfactory static stability
- Shoulder strength 75-80% of contralateral side
- No pain or tenderness
- Client may return to a specific sport/ work *pending clearance* from physician

Phase IV- Advanced Strengthening Phase (weeks 21-24)

Goals

- Enhance muscular strength, power and endurance
- Progress functional activities
- Maintain shoulder mobility
- Muscular strength 75-80% of contralateral side
- Gradual return to strenuous work/ sport activity

Weeks 21-24

- Continue flexibility exercises
- Continue open-chain/ closed-chain/ gym based isotonic strengthening program
- Neuromuscular control drills
- Advance Thrower's Ten Program strengthening
- Plyometric strengthening
- Progress to more advanced phase of interval throwing protocol/ sports program

Criteria for Progression to Enter Phase V

- Satisfactory isokinetic test/ muscular strength testing of >85% of uninvolved arm
- Satisfactory shoulder stability
- No pain or tenderness

Phase V- Return to Full Activity Phase (months 7-9)

Goals

- Full return to sport activities, including contact sports (6 month postop).

- Maintain strength, mobility and stability
- Gradually progress sport activities to unrestrictive participation
- Continue stretching and strengthening program

**** This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions regarding the rehabilitation protocol.****

LOCATIONS

LINCOLN | 7350 Willowbrook Lane, Lincoln, NE 68516 | 402.466.0100

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