



BANKART REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Phase 1: Week 1-3

WEEK EXERCISE GOAL

1-3 ROM Gradual ↑ : Passive range of motion-scapular plane
- External rotation 0-10° wk 2
0-20° wk 3
- Internal rotation 0-45° wk 2
0-60° wk 3
Passive and AAROM
- Flexion/Elevation 0-60° wk 2
0-90° wk 3
Pendulum exercises
Rope/Pulley
Wand exercises-all planes within limitations
Posterior capsule stretch
Manual stretching and Grade I-II joint mobs
NO ACTIVE ER, ABDUCTION, OR EXTENSION
STRENGTH Initiate submaximal isometrics-PAIN FREE
BRACE Brace for 3 weeks
Brace removed for exercises above
MODALITIES Electrical-stimulation as needed
Ice 15-20 minutes

GOALS OF PHASE:

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Initiate muscle contraction

Phase 2: Week 3-6

WEEK EXERCISE GOAL

3-6 ROM Gradual ↑ : Passive and AAROM-scapular plane
- External rotation 0-30° wk 6
- Internal rotation Full ROM wk 6
Passive and AAROM
- Flexion/Elevation 0-140° wk 6
Pendulum exercises
Posterior capsule stretch
Rope/Pulley (flex, abd)
Wand exercises-all planes within limitations
Manual stretching and Grade II-III to reach goals
STRENGTH : Continue isometric activities as in Phase 1
Initiate supine rhythmic stabilization at 90° flexion
Initiate UBE for endurance
Initiate IR/ER at neutral with tubing
Initiate sidelying ER
Push-up progression
Prone horizontal abduction (100°, 90°), extension
Initiate flexion
Initiate scapular stabilizer strengthening
Concentrate on eccentric activities
BRACE : Discharge brace end of week 3
MODALITIES: Ice 15-20 minutes

GOALS OF PHASE:

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

Phase 3: Week 6-12

WEEK EXERCISE GOAL

6-12 ROM : Full ROM 10 wks

Passive and AAROM-scapular plane

-External rotation-90° abduction 0-75° wk 8

Passive and AAROM

-Flexion/Elevation 0-160° wk 8

STRENGTH: Continue all strengthening from previous phases increasing resistance and repetition

Initiate PNF patterns with theraband

Manual resisted PNF patterns in supine

UBE for strength and endurance

Initiate isokinetic IR/ER at neutral at wk 10-12

MODALITIES: Ice 15-20 minutes

GOALS OF PHASE:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

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Phase 4: Week 12-24

WEEK EXERCISE

12-24 ROM : Continue with all ROM activities from previous phases

Posterior capsule stretching

Towel stretching

Grade III-IV joint mobs as needed for full ROM

STRENGTH: Progress strengthening program with increase in resistance and high speed repetition

Progress with eccentric strengthening of posterior cuff and scapular musculature

Progress rhythmic stabilization activities to include standing PNF patterns with tubing

UBE for strength and endurance

Initiate military press, bench press, and lat pulldowns

Initiate sport specific drills and functional activities

Initiate interval throwing program week 16

Initiate light plyometric program week 12-16

Progress isokinetics to 90° of abduction at high speeds

MODALITIES: Ice 15-20 minutes

GOALS OF PHASE:

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