**Bankart Repair Rehab Protocol**

**Phase 1:** (week 0-6)

**Goals**

* Maintain / protect the integrity of repair
* Gradually increase PROM
* Diminish pain and inflammation
* Prevent muscular inhibition
* Become independent with modified ADLs

**Precautions**

* Maintain arm in Shoulder Immobilizer, remove only for exercise
* No shoulder AROM, lifting of objects, shoulder motion behind the back, excessive stretching or sudden movements, supporting of any weight, lifting a body weight by hands
* Keep incision clean and dry

**Criteria for Progression to Phase 2**

* Passive forward flexion to > 90°
* Passive ER to 10°
* Passive IR in scapular plane to > 75° (if uninvolved shoulder PROM > 80°)
* Passive abduction > 90° in the scapular plane

**Days 1 to 6**

* Shoulder Immobilizer
* Pendulum exercises
* Finger, wrist, and elbow AROM
* Begin scapula musculature isometrics / sets; cervical ROM
* Cryotherapy for pain and inflammation

**Days 3 to 6**

* Begin pulley exercises in forward flexion and abduction < 90°
* Maintain proper posture, joint protection, positioning and hygiene

**Days 7 to 28**

* Continue with Shoulder Immobilizer at night and day for comfort
* Pendulum / pulley exercises
* Begin PROM to tolerance (done supine; should be pain free)
  + Flexion to 90°
  + ER to 20°
  + IR to body / chest
  + Continue elbow, wrist, and finger AROM / resisted
* Cryotherapy is needed for pain control and inflammation
* May resume general conditioning program (e.g., walking, stationary bike) Aquatherapy / pool therapy may begin three weeks postoperative

**Phase 2:** (week 6-12)

**Goals**

* Allow healing of soft tissue
* Do not overstress healing tissue
* Gradually restore full PROM (weeks 4-5)
* Decrease pain and inflammation

**Precautions**

* No lifting
* No supporting body weight with hands and arms
* No sudden jerking motions
* Avoid upper extremity bike and ergometer

**Criteria for progression to Phase 3**

* Full AROM

**Weeks 6**

* Discontinue Shoulder Immobilizer at night
* Between weeks 4-6, use Shoulder Immobilizer for comfort only
* Discontinue Shoulder Immobilizer at end of week 6
* Initiate AAROM flexion in supine position
* Progressive PROM until approximately full ROM at weeks 4-5.
* Follow Flexion / ER guidelines.
* Gentle scapular / glenohumeral joint mobilization to regain full PROM (no anterior glides until 8 weeks post-op)
* Initiate prone rowing to the neutral arm position
* Continue cryotherapy as needed
* May use heat before ROM exercises
* Aquatherapy OK for light AROM exercises
* Ice after exercise

**Weeks 8**

* Continue AROM, AAROM, and stretching exercises
* Begin rotator cuff isometrics – No empty can in forward plane
* Continue periscapular exercises
* Initiate AROM exercises (flexion scapular plane, abduction, ER, IR)

\* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises

AAROM = active assisted range of motion

ADL = activity of daily living

AROM = active range of motion

ER = external rotation

IR = internal rotation

PROM = passive range of motion

ROM = range of motion

**Phase 3:** (week 10-16)

**Goals**

* Full AROM (weeks 10-16)
* Maintain full PROM
* Dynamic shoulder stability
* Gradual restoration of shoulder strength, power, and endurance
* Optimize neuromuscular control
* Gradual return to functional activities

**Precautions**

* No lifting objects >5 pounds, sudden lifting or pushing activities, sudden jerking motions, overhead lifting
* Avoid upper extremity bike and ergometer

**Criteria for progression to Phase 4**

* Ability to tolerate progression to the low level functional activities
* Demonstrated return of strength / dynamic shoulder stability
* Reestablishment of dynamic shoulder stability
* Demonstrated adequate strength and dynamic stability for progression to more demanding work- and sport-specific activities

**Week 10**

* Continue stretching and PROM, as needed
* Dynamic stabilization exercises
* Initiate strengthening program
  + ER and IR with exercise bands / sports cord / tubing
  + ER side-lying (lateral decubitus)
  + Lateral raises \*
  + Full can in scapular plane \*
  + Prone rowing
  + Prone horizontal abduction
  + Prone extension
  + Elbow flexion
  + Elbow extension

**Week 12**

* Continue all exercises listed above
* Initiate light functional activities as permitted
* Full can in forward plane \*

**Week 14**

* Continue all exercises listed above
* Progress to fundamentals shoulder exercises

\* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises

**Phase 4:** (week 16-22)

**Goals**

* Maintain full non-painful AROM
* Advance conditioning exercises for enhanced functional use
* Improve muscular strength, power and endurance
* Gradual return to full activities

**Week 16**

* Continue ROM and self-capsular stretching for ROM maintenance
* Continue progression of strengthening
* Advance proprioceptive, neuromuscular activities
* Light sports (golf chipping / wedges, tennis ground strokes) if doing well

**Week 20**

* Continue strengthening and stretching
* Continue stretching if motion is tight
* Initiate interval sports program (e.g., golf, doubles tennis) if appropriate

**General Guidelines**

|  |  |  |
| --- | --- | --- |
| **WEEKS** | **Forward Flexion** | **External Rotation** |
| 0-2 | 90o | 10o |
| 2-4 | 110o | 20o |
| 4-6 | 130o | 30o |
| 6-8 | 160o | 45 |
| 8-12 | Full | Full |

**1)** No pull-ups until 6 months post-op

**2)** Throwing activity - start at 4 to 6 months post-op.  Follow function progression per SMOG program.  Progress as tolerated.

**3)** Return to non-contact sports at 4 months post-op if PT goals have been met

**4)** No dips – until 6 months

**5)** Full return to throwing at 6-8 months