

Arthroscopic Bankart Repair PT Protocol

The following protocol has been designed as a guideline for rehabilitation after arthroscopic Bankart repair. Progression from one phase to the next is based on the patient demonstrating readiness by achieving **functional criteria rather than the time elapsed since surgery**. The timeframes identified in parentheses after each Phase are *approximate* times for the average patient, **NOT** guidelines for progression.

Pre-op Requirements: PROM WNL (i.e. no frozen shoulder)
Patient education- post-op expectations and exercises

Phase I (*surgery to 6 weeks*)

- **Goals:**
 - Protect the post-surgical shoulder
 - Activate stabilizing muscles of GH & ST joints
 - Full active & passive ROM for shoulder F, AB, IR, & ER to neutral
- **Splinting:** Sling at all time except when exercising
- **Precautions**
 - No active ROM of shoulder
 - Absolutely no external rotation with abduction to protect surgical repair
 - Hypersensitivity in axillary nerve distribution is common occurrence
- **Range of Motion:**
 - Passive and active-assisted ROM for shoulder F, AB, IR & ER to neutral, progressing to active ROM at week 5
 - AROM for elbow, wrist, fingers
 - C-spine & scapular AROM
- **Therapeutic Exercises**
 - Hand gripping
 - Desensitization techniques for axillary nerve distribution
 - Postural exercises
 - At week 3, begin sub-maximal shoulder isometrics for IR/ER, F/E, AB/AD
 - CV Fitness
 - Walking, stationary bike – sling on
 - No swimming, treadmill, running, jumping
- **CRITERIA FOR PROGRESSION TO PHASE 2**
 - Full AROM in all cardinal planes
 - 5/5 IR and 5/5 ER strength at 0° AB
 - Negative apprehension & impingement signs

Phase II (*6+ weeks after surgery*)

- **Goals**
 - Full ROM

- Strengthen shoulder and scapular stabilizers in protected position (0-45° AB)
- Begin proprioceptive & dynamic neuromuscular control retraining
- **Precautions**
 - Avoid passive & forceful movement into shoulder ext. rotation, extension and horizontal abduction
 - Avoid running/jumping until patient has full RTC strength at neutral
- **Range of Motion** – full active motion in all cardinal planes
- **Therapeutic Exercises**
 - AAROM & AROM in all cardinal planes- assessing scapular rhythm
 - Gentle shoulder mobilizations as needed
 - RTC strengthening in non-provocative position (0-45° AB)
 - Postural exercises & core strengthening
 - Scapular strengthening
 - Dynamic neuromuscular control
 - Pushup progression
 - PNF patterns
 - Proprioception with body blade, plyo ball, etc...
 - CV exercises
 - Walking, stationary, bike, stairmaster
- **CRITERIA FOR PROGRESSION TO PHASE 3**
 - Full shoulder AROM
 - 5/5 IR and 5/5 ER strength at 45° AB
 - Negative apprehension & impingement signs

Phase III (10+ weeks after surgery)

- **Goals**
 - Full shoulder AROM in all cardinal planes with normal scapulohumeral movement
 - 5/5 RTC strength at 90° AB in scapular plane
 - 5/5 periscapular strength
- **Precautions**
 - All exercises and activities to remain non-provocative and low-medium velocity
 - Avoid activities where there is a high risk of falling
 - No swimming, throwing or sports
- **Range of Motion** – posterior glides if posterior capsule tightness is present. More aggressive ROM if limitations still present (see phase II)
- **Therapeutic Exercises**
 - Weight-bearing activities: step-ups (quadruped), bear crawl, balance board
 - Weighted PNF patterns D1 and D2
 - Theraband/cable/DBs (light resistance/high reps) IR & ER in 90° AB and rowing
 - Balanceboard in push-up position (with rhythmic stabilization), prone swiss ball walk-outs, CKC exercises with narrow base of support
 - CV exercises
 - Walking, stationary, bike, stairmaster, and running
 - No swimming

- **CRITERIA FOR PROGRESSION TO PHASE 4**

- Met stated goals
- Negative apprehension & impingement signs

Phase IV (*15+ weeks after surgery*)

- **Goals**

- Patient to demonstrate stability with higher velocity movements and change of direction movements
- 5/5 RTC with multiple rep testing at 90° testing in scapular plane
- Full multi-plane shoulder AROM

- **Precautions**

- Progress gradually into provocative exercises by begging with low velocity, known movement patterns

- **Range of Motion** – posterior glides if posterior capsule tightness is present

- **Therapeutic Exercises**

- DB and med ball exercises that incorporate trunk rotation
 - Emphasize core and hip strength and control with shoulder exercises
- Higher velocity strengthening and control using inertial, plyometrics & rapid theraband drills
 - Plyos should start with 2 hands below shoulder height and progress to overhead, then back to below shoulder with one hand, progressing again to overhead
- Begin education in sport specific biomechanics with very initial program for throwing, swimming or overhead racquet sports
- CV exercises
 - Walking, stationary, bike, stairmaster, and running
 - No swimming

- **CRITERIA FOR PROGRESSION TO PHASE 5**

- Met stated goals
- Negative apprehension & impingement signs

Phase V (*20+ weeks after surgery*)

- **Goals**

- Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc)
- No apprehension or instability with high velocity overhead movements
- Improve core and hip strength and mobility to eliminate in compensatory stresses to the shoulder
- Work capacity CV endurance for specific sport or work demands

- **Precautions**

- Progress gradually into sport specific movement patterns

- **Range of Motion** – posterior glides if posterior capsule tightness is present

- **Therapeutic Exercises**

- DB and med ball exercises that incorporate trunk rotation and control with RTC strengthening at 90° AB and higher velocities
 - Begin working towards more sport specific activities
- Initiate sport specific programs depending on athlete's sport (throwing program, overhead racquet program, swimming program)
- Higher velocity strengthening and control using inertial, plyometrics & rapid theraband drills
- CV exercises
 - Design to use sport specific energy systems
- **CRITERIA FOR RETURN TO SPORT**
 - Patient may return to sport after receiving clearance from the orthopedic surgeon and the PT/LAT/ATC

References:

* Sherry, M. *Rehabilitation Guidelines for Anterior Shoulder Reconstruction with Arthroscopic Bankart Repair*. 2011

* Beth Israel Deaconess Medical Center. *Rehab protocol for arthroscopic Bankart Repair*.