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ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS

Green Bay • Fox Valley • Marinette

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Physical Therapy Protocol: Arthroscopic Bankart Repair

Philosophy:
The arthroscopic Bankart repair protocol is a soft tissue post-op program which allows shoulder instability patients to recover as safely as possible. The emphasis for these individuals is progression to work/sport-specific activities as quickly and safely as possible. Our program begins with early flexibility and stretching, followed by a progression to strengthening and then shoulder function. These are mainly arthroscopic repairs and so they are progressed slower than open repairs to prevent the most common cause of failure (loss of fixation).

Phase I, surgery to 4 weeks

Appointments:
Medical appointment at 4-10d with films
Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

Rehabilitation Goals:
Protect the arthroscopically-repaired shoulder
Cryotherapy unit to the shoulder: twenty minutes every two hours to reduce swelling
Full active and passive ROM for shoulder flexion, abduction, IR to abdomen, and ER to 20 at
Achieve activation of the stabilizing muscles for the GH and scapulothoracic joints

Precautions:
Neutral-rotation gunslinger brace for soft-tissue healing for 4 weeks total. OK for limited removal of the sling in safe environments at 4 weeks
No ER at 90º abduction
No adduction/IR
Use posterior translation of the humeral head while stretching in ER

Range-Of-Motion Exercises:
PROM, flexion <90º, ER <20º in scapular plane

Suggested Therapeutic Exercises:
Hand gripping
Elbow, forearm and wrist ROM
Cervical spine & scapular active ROM
Desensitization for axillary n distribution
Postural exercises
AAROM/PROM for flexion, abduction, IR & ER to neutral. No terminal stretching

Cardiovascular Exercises (with sling on):

Walking, Stairmaster, stationary bike

Progression Criteria:

Negative impingement pain or shoulder apprehension

Phase II, 4-6 weeks

Appointments:

MD appointment at 6 weeks

Rehabilitation appointments every 5-7 days

Rehabilitation Goals:

ER ROM allowed gradually, preventing loss of fixation for the Bankart repair

Strengthen shoulder and scap stabilizers in protected position (0-60 degrees abduction)

Full discontinuation of sling

Precautions:

Avoid forceful shoulder ER, extension, and horizontal abduction

No swimming, throwing or overhead serves

Avoid activities that have risk for falls

Range-Of-Motion Exercises:

PROM, flexion <135º, IR< 50, ER 30º in scapular plane, abduction <115º, ER to 90º with abduction to 30º.

Suggested Therapeutic Exercises:

Resisted forward flexion

Scapular stabilization exercises (shrugs, rows, etc.) and neuromuscular control

AAROM/AROM in all planes-assessing scapular rhythm

RTC strengthening in protected position (0-60 degrees abduction)

Cardiovascular Exercises:

Walking, Stairmaster, or stationary bike

Progression Criteria:

Pain-free shoulder ROM

Phase III, 6-12 weeks

Appointments:

MD appointment at 12 weeks

Rehabilitation appointments every 1-2 weeks

Rehabilitation Goals:

5/5 RTC strength at 90 degrees

5/5 peri-scapular strength

Precautions:
No swimming, throwing, or overhead serves
Avoid activities that have risk for falls
Suggested Therapeutic Exercises:
Posterior glides (if capsular tightness is present)
Prone flexion & prone horizontal abduction strengthening
D1 & D2 diagonals in standing
Theraband or light dumbbell internal and external rotation strengthening in 90 degrees abduction and rowing (light resistance/high reps)
Balance board in pushup position with rhythmic stabilization
Prone swiss ball walkouts
Closed chain stabilization with narrow base support
Rapid, alternating movements in supine D2 diagonal
Progression Criteria:
The patient can progress to Phase IV when they have met the above stated goals pain-free

Phase IV, 12+ weeks

Rehabilitation Goals:
5/5 RTC strength with repetitive testing at 90 degrees abduction
Demonstrate stability with higher velocity movements and change of direction
Precautions:
Initially avoid provocative exercises, but ok to progress gradually into provocative exercises by beginning with lower velocity, known pattern movements
Suggested Therapeutic Exercises:
Posterior glides if capsular tightness is present
Dumbbell or medicine ball exercises that incorporate trunk rotation and control with RTC strengthening at 90 degrees abduction
Functional activities emphasizing core & hip strength/control with shoulder exercises
Theraband/light dumbbell IR/ER at 90 degrees abduction & rowing
Higher velocity strengthening and control, such as inertial, plyometric, and rapid Theraband drills (plyometrics should begin below shoulder height with two hands, then progress to overhead, then back to shoulder with one hand)
Begin education in sport-specific biomechanics with very initial program for throwing, swimming, or overhead sports
Progression Criteria:
AVOID flat bench press, military press, lat pulldown (behind head), Olympic lifts

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Return to sport is generally acceptable at 4-6 months after surgery, after clearance by surgeon and physical therapist/ATC

References:

- Gaunt BW, Shaffer ME, Sauers EL, Michener LA, McCluskey GM, Thigpen CA. The American Society of Shoulder and Elbow Therapists' Consensus Rehabilitation Guideline for Arthroscopic Anterior Capsulolabral Repair of the Shoulder. J Orthop Sports Phys Ther 2010; 40(3):155-168.
- Escamilla RD, Yamashiro K, Paulos L, Andrews JR. Shoulder Muscle Activity and Function in Common Shoulder Rehabilitation Exercises. Sports Med 2009; 39(8):663-85
- Wilk KE, Hooks TR. Rehabilitation of the Throwing Athlete Where We Are in 2014. Clin Sports Med 2015; 34:247-261.