

Center for Athletic Medicine
Dr. Preston Wolin
Arthroscopic Bankart Repair Protocol

~Please call 773.248.4150 with any and all questions~

I. Phase I - Immediate Post-Surgical Phase

Goals: Maintain Integrity of the Repair
Gradually Increase Passive Range of Motion
Diminish Pain and Inflammation
Prevent Muscular Inhibition

Week 0-2:

- Shoulder immobilizer
- Pendulum Exercises 4-8x daily (flexion, circles)
- Scapular retraction (No resistance)
- Active Assistive (AAROM)/Passive ROM
- Flexion to 120 degrees
- Abduction to 90
- ER/IR in Scapular Plane
- ER to 30 degrees
- IR to 30 degrees
- Elbow/Hand Gripping & ROM Exercises
- Submaximal & Pain free Isometrics
- Flexion
- Abduction
- External Rotation
- Internal Rotation
- Elbow Flexors
- Cryotherapy for Pain and Inflammation
- Ice 15-20 minutes every hour
- Sleep in shoulder immobilizer
- NO ACTIVE ER OR ABDUCTION

Week 3-4:

- Discontinue Sling Day 21 (sleep with sling till 4 weeks)
- UBE at Low resistance
- Continue with scapular retraction exercise (tubing)
- Bicep curls (light resistance)
- Glenohumeral Joint mobilization Grade I/II for Pain
- Continue Pendulum Exercises
- Progress Passive ROM to Tolerance
- Flexion to 180 degrees
- Abduction to 180 degrees
- ER at 90 degrees abduction: 0 to 90 degrees
- IR at 90 degrees abduction: 0 to 70 degrees
- Active Assisted ROM Exercises (T-bar)
- ER/IR in Scapular Plane

- Flexion to Tolerance*
- Continue Elbow/Hand ROM & Gripping Exercises
- Initiate Active Exercise Prone Rowing & Elbow Flexion
- Continue Isometrics (Home Exercise Program)
- Flexion with Bent Elbow
- Extension with Bent Elbow
- Abduction with Bent Elbow
- ER/IR with Arm in Scapular Plane
- Elbow Flexion

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- May initiate ER/IR tubing at 0 degrees Abduction, if patient exhibits necessary AROM
- Patient should exhibit full passive range of motion, nearing full active range of motion
- Continue Use of Ice for Pain Control
- Continue Sleeping in Sling (0-4weeks)

Precautions:

1. No Lifting of Objects
2. No Excessive Shoulder Motion Behind Back
3. No Excessive Stretching or Sudden Movements
4. No Supporting of Body Weight by Hands

II. Phase II

Goals: Allow Healing of Soft Tissue

Do Not Overstress Healing Tissue

Gradually Restore Full Passive ROM (Week 3-4)

Re-Establish Dynamic Shoulder Stability

Decrease Pain & Inflammation

Week 5-8:

- Patient should exhibit full passive range of motion
- Continue all exercises listed above
- Initiate Scapular Muscular Strengthening Program
- Prone Thumbs up and down
- Lower Traps
- Initiate Sidelying ER Strengthening (Light Dumbbell)
- Continue use of ice as needed
- May use pool for light ROM exercises
- Patient should exhibit full active range of motion
- Continue AAROM and Stretching exercises
- Progress Isotonic Strengthening Exercise Program (**light Weights**)
- ER Tubing
- Sidelying ER
- Prone Rowing
- Prone Horizontal Abduction
- Shoulder Flexion (Scapular Plane)
- Shoulder Abduction

At week 6-8: If patient continues to have difficulties with full AROM.

- May initiated: Prone shoulder flexion stretch 10 minutes.

Precautions:

1. No Heavy Lifting of Objects

2. No Supporting of Body Weight by Hands & Arms

3. No Sudden Jerking Motions

III. Phase III – (Week 9-16)

- Progress with above exercises as tolerate
- Begin bicep Curls with weights
- Progress Shoulder Strengthening Exercises
- Start easy throwing program at week 10
- Theraband PRE's
- Progress to heavier resistance
- Pulling apart
 - Front
 - At shoulder level
 - Overhead

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- Behind
- Shrugs
- IR/ER
- Middle and lower traps

IV. Week 17-24

- Continue to progress with weights
- Continue to maintain strength
- Progress to interval sports program

V. Phase IV – Return to Activity (6 to 9 month))

Goals: Gradual Return to Strenuous Work Activities

Gradual Return to Recreational Sport Activities

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching, if motion is tight
- Continue Progression to Sport Participation

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