

***Dr. Preston Wolin***

**Arthroscopic Bankart Repair Protocol**

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\*Please call 773.248.4150 with any questions, or if patient is not progressing\*

- Phase I (Immediate Post-Surgical Phase)
  - Goals
    - Maintain integrity of the repair
    - Gradually increase PROM
    - Diminish pain and inflammation
    - Prevent muscular inhibition
  - Week 0-2
    - Shoulder immobilizer donned at all times
      - Continue to sleep in shoulder immobilizer
    - AAROM/PROM
      - Flexion to 120 deg
      - Abduction to 90 deg
      - ER/IR in scapular plane
        - ER to 30 deg
        - IR to 30 deg
    - Exercises
      - Pendulum exercises 4-8x daily (flexion, circles)
      - Scapular retraction (no resistance)
      - Elbow/hand gripping & ROM exercises
      - Isometrics (submaximal & painfree)
        - Flexion
        - Abduction
        - ER
        - IR
        - Elbow flexors
    - Cryotherapy for pain and inflammation: ice 15-20 minutes every hour
    - NO ACTIVE ER OR ABDUCTION
  - Week 3-4
    - Sling
      - Discontinue daytime use at day 21
      - Continue to wear during sleep 0-4 weeks
    - Exercises

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- Continue pendulum exercises
- Continue elbow/hand ROM & gripping exercises
- Continue isometrics (HEP)
  - Flexion with bent elbow
  - Extension with bent elbow
  - Abduction with bent elbow
  - ER/IR with arm in scapular plane
  - Elbow flexion
- Continue with scapular retraction exercise (tubing)
- UBE at low resistance
- Bicep curls (light resistance)
- AAROM exercises (T-bar)
  - ER/IR in scapular plane
  - Flexion to tolerance
- Initiate active exercise
  - Prone rowing
  - Elbow flexion
  - ER/IR tubing @ 0 deg ABD (if patient exhibits necessary AROM)
- Manual therapy
  - Glenohumeral joint mobilization: grade I/II for pain
  - Progress PROM to tolerance
    - Flexion to 180 deg
    - Abduction to 180 deg
    - ER @ 90 deg ABD: 0-90 deg
    - IR @ 90 deg ABD: 0-70 deg
  - Patient should exhibit full PROM, nearing full AROM
  - Continue use of ice for pain control
- Precautions
  - No lifting of objects
  - No excessive shoulder motion behind back
  - No excessive stretching or sudden movements
  - No supporting of body weight by hands
- Phase II
  - Goals
    - Allow healing of soft tissue
    - Do not overstress healing tissue

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- Gradually restore full PROM (week 3-4)
  - Re-establish dynamic shoulder stability
  - Decrease pain & inflammation
  - Week 5-8
    - ROM
      - Patient should exhibit full PROM
      - Patient should exhibit full AROM
    - Exercises
      - Continue all exercises listed above
      - Continue AAROM and stretching exercises
      - Initiate scapular muscular strengthening program
        - Prone thumbs up and down
        - Low traps
      - Initiate sidelying ER strengthening (light dumbbell)
      - Progress isotonic strengthening exercise program (**light weights**)
        - ER tubing
        - Sidelying ER
        - Prone rowing
        - Prone horizontal abduction
        - Shoulder flexion (scapular plane)
        - Shoulder abduction
      - May use pool for light ROM exercises
    - Continue use of ice as needed
    - **\*\*At week 6-8: if patient continues to have difficulties with full AROM, may initiate prone shoulder flexion stretch 10 minutes\*\***
  - Precautions
    - No heavy lifting of objects
    - No supporting of body weight by hands & arms
    - No sudden jerking motions
- Phase III
  - Week 9-16
    - Exercises
      - Progress with above exercises as tolerated
      - Begin bicep curls with weights
      - Progress shoulder strengthening exercises
      - Start easy throwing program at week 10
      - Theraband PRE's

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- Progress to heavier resistance
  - Pulling apart
    - Front
    - Shoulder level
    - Overhead
    - Behind
    - Shrugs
  - IR/ER
  - Mid and low traps
- Phase IV
  - Week 17-24
    - Exercises
      - Continue to progress with weights
      - Continue to maintain strength
      - Progress to interval sports program
- Phase V (Return to Activity): 6-9 Months
  - 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