

ARTHROSCOPIC POSTERIOR BANKART REPAIR

Phase I – Protection Phase/Immediate Motion (0 – 6 Weeks post-op)

NOTE: Avoid any internal rotation of the glenohumeral joint. Do not even measure internal rotation at the time of initial evaluation.

Goals:

- Protect glenohumeral joint capsule. Sling for 4 weeks (unless specified per MD order)
- Retard muscular atrophy and rotator cuff shut down
- Educate patient in HEP and posterior capsule protection techniques
- Posture education

0-3 Weeks post-op:

- ❑ Patient to remain in sling at all times when doing exercises.
- ❑ AROM: Elbow, wrist, and hand while in sling. NO ACTIVE ROM of Glenohumeral Joint
- ❑ Home program review/Posture Education
- ❑ Pain control modalities (ice, e-stim)

3-4 Weeks post-op:

- ❑ Codman's Pendulums initiated at 3 weeks post-op
- ❑ PROM/AAROM (NO INTERNAL ROTATION): Wand exercises initiated at 4 weeks postop
 - Elevation to 115 degrees
 - GH Abd to 60 degrees (in scapular plane)
 - ER to 45 degrees @ 45° Abd

4-5 Weeks post-op:

- ❑ PROM/AAROM (NO INTERNAL ROTATION):
 - Elevation to 135 degrees
 - GH Abd to 115 degrees (in scapular plane)
 - ER to 65 degrees @ 45° Abd
- ❑ Strengthening: Shoulder Isometrics (submaximal, subpainful). Shoulder IR, ER, and Abd. Scapulothoracic PREs (rhomboids, middle/lower traps, serratus anterior).
- ❑ Pain control modalities (ice, e-stim) as needed
- ❑ Initiate upper body cycle

5-6 Weeks post-op:

- ❑ PROM/AAROM (NO INTERNAL ROTATION):
 - Elevation to 160 degrees
 - GH Abd to 135 degrees (in scapular plane)
 - ER to 85 degrees @ 45° Abd
 - ER to 45 degrees @ 90° Abd
- ❑ Strengthening Exercises:
 - Continue scapular strengthening (add protraction in supine position without weight)
 - Begin tubing ER starting at neutral
 - Humeral head stabilizing exercises



Home to the Texas Rangers

Phase II: Intermediate Phase (6 – 12 Weeks post-op)

Goals:

- Full pain-free ROM with scapula stabilized
- Gradually increase strength and power
- Increase functional activities, decreasing residual pain

6-8 Weeks post-op:

- AAROM (Initiation of IR ROM) at 6 weeks post-op:
 - Elevation to full
 - ER to 90° at 90° abduction (do not push past 90/90 position)
 - IR to 45° at 45° abduction
- AROM: Initiate scaption below 90° at 6 weeks, no weight
- Strengthening: avoid scapular hiking/winging, stay below horizontal plane
 - IR/ER @ modified neutral with tubing
 - Initiate Isotonic dumbbell exercises: *patient must be able to elevate arm without scapular hiking before initiating isotonic: if unable then continue with humeral head stabilizing exercises*. Progress 1 pound/wk with max of 5 pounds based on progress.
 - flexion to 90°
 - scaption to 90°
 - flexion/horizontal abduction (“T’s”): limit hor. abd. to scapular plane
 - elbow flexion/extension
 - scapulothoracic muscles
 - Sidelying ER, prone scapular retractions with shoulder extension, and prone horizontal abduction.
 - Avoid weight bearing forces that create posterior forces on the shoulder.
- Joint Mobilizations as needed

8-12 Weeks post-op:

- Continue AAROM exercises to achieve full ROM by week 10
- Begin gentle capsular self-stretching program
- Strengthening:
 - Continue previous strengthening program gradually increasing resistance
 - Isokinetic strengthening for IR/ER in modified neutral
 - Resisted PNF patterns within ROM limitations
 - Progression to weight bearing protraction exercises and CKC PNF exercises (ex. Ball on Wall)

Phase III: Advanced Stage (12 – 20 weeks post-op)

Goals:

- Continue to progress strength, power and endurance
- Improve neuromuscular control
- Begin functional activities

Weeks 12 – 16

- Continue ROM/flexibility program
- Isokinetic testing in modified neutral position (90 & 180 deg/sec) for IR/ER @ 12 weeks

- ❑ Progress strengthening program: isotonic and isokinetic program (progress to 90/90 for throwers)
- ❑ Initiate plyometric program (2 handed chest press-> 2 handed chops->to 1 handed 90/90)

Weeks 16 – 20

- ❑ Progress strengthening program
- ❑ Continue flexibility program as needed
- ❑ Progress plyometric program
- ❑ Initiate interval program (throwing, tennis, golf, swimming etc.)

Phase IV: Return to Activity Phase (20 – 24 weeks post-op)

Goals:

- Progression of interval program
- Gradual return to unrestricted activities
- Maintain static and dynamic stability of shoulder joint

Weeks 20 – 24

- ❑ Progress interval throwing program
- ❑ Begin sport specific drills with gradual return to competition
- ❑ Continue independent flexibility and strengthening program

Criteria for return to play:

- When approved by physician
- Full functional ROM
- No pain or tenderness
- Satisfactory Isokinetic strength test
- Satisfactory clinical exam