Shoulder Bankart Repair

Purpose:
This guideline is designed to return the individual to their full activities as quickly and safely as possible, following Shoulder Bankart Repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following this surgery.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

Precautions:
- Rehabilitation progression should be based upon obtaining goals/milestones
- Follow limitations for flexion and external rotation as outlined in specific timeframe
- AROM initiated at 4 weeks, per physician
- If patient has a concomitant injury/repair (such as a rotator cuff repair or biceps tenodesis) treatment will vary – consult with surgeon

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Phase I: Protected Motion Weeks 0-2	**Precautions:** • Use sling for first 3 weeks • Use abduction pillow at 30-45° abduction • Sleep with sling • No anterior glides until 8 weeks **Therapy:** • Pain control modalities as needed • ROM: — Elbow, wrist, hand AROM — PROM: ⇒ Flexion limited to 90° ⇒ Seated table slide ⇒ Pendulums ⇒ ER limited to 20° in 30° of abduction • Manual: — Grade II-III Glenohumeral joint mobilizations • Putty or grip strength exercises	**Goals:** • Provided environment of proper healing • Prevention of post-op complications • Slow muscle atrophy • Re-establish ROM within limits • Diminish pain and inflammation **Criteria to Advance:** • Good pain management • 2 weeks post-op

Phase II: Motion & Muscle Activation Weeks 2-4	**Precautions:** • Wean out of sling at week 4 **Therapy:** • Pain control modalities as needed • ROM: — PROM: ⇒ Flexion limited to 140° — AAROM: ⇒ Flexion limited to 140° ⇒ ER limited to 50° in 30-45° of abduction ⇒ IR to 45-60° at 45° of abduction • Isometrics: — Sub-max in all ranges per pt tolerance • Mobilization: — Gleno-humeral/thoracic, AC/SC joint mobilizations — Capsular stretching (avoid stretching anterior capsule) to restore normal shoulder arthrokinematics • AAROM pulleys/wand as tolerated, following ROM precautions • Submaximal isometrics • Scapular retraction • Prone scapular retraction • Standing scapular settings or supported • Low row • Cane ER	**Goals:** • Regain PROM/AAROM • Preserve the integrity of the surgical repair **Criteria to Advance:** • Flexion to 140° • External rotation to 30-45° • Adequate pain control • 4 weeks post-op
Phase III (Advanced Strengthening & Eccentric Control Phase) Weeks 4-6	**Therapy:** • Gradually improve PROM and AAROM — Flexion and elevation in the plane of the scapula to 180° — Abduction to 180° — External rotation to 70-75° in 90° abduction — Internal rotation to 75° in 90° abduction — Add in AROM as tolerated, following ROM precautions • AROM: — Elevation limited to 115° — Supine flexion — Salutes — Supine punch	**Goals:** • Improve strength and ROM • Improve neuromuscular and eccentric control **Criteria to Advance:** • 140° shoulder PROM shoulder flexion • 50° shoulder PROM ER and IR in scapular plane • 45° shoulder PROM ER in 90° ABD • 115° shoulder AROM forward elevation • 6 weeks post-op

	— Seated shoulder elevation with cane and active lowering • Initiate ER strengthening in side-lying • ER/IR strengthening at neutral with tubing • UBE on low/no resistance • Supine rhythmic stabilization at 90° flexion	
Phase IV (Return to Activity Phase) Weeks 6-12	**Therapy:** <u>Weeks 6-8:</u> • Gradually progress P/AAROM of ER to 75-90° in 90° abduction • Gradually progress AROM strengthening • Begin isotonic rotator cuff, periscapular, and shoulder strengthening • Begin PNF strengthening, manual resistance in supine • UBE for strength and endurance • Focus on eccentric exercises <u>Weeks 8-12:</u> • Initiate "Thrower's Ten" Program • Progress P/AAROM of ER of functional range by week 10 • Continue all stretching exercises as need to maintain ROM • Progress ROM to functional demands (i.e. overhead athlete) — Plyotoss — Double arm chest pass — Double arm overhead • PNF strengthening in standing, add theraband as able	**Goals:** • Gradually restore full AROM and PROM (by week 10) • Restore muscular strength and balance **Criteria to Advance:** • Full non painful ROM in all ranges • Good stability • No pain or tenderness • 12 weeks post op
Phase V (Minimal Protection Phase) Weeks 12-16	**Therapy:** • Continue all stretching exercises (capsular stretches) • Maintain thrower's motion (especially ER) • Initiate single arm plyotoss (90/90, Dribble) • Restricted sports activities (light swimming, half golf swings)	**Goals:** • Improve muscular strength, power, and endurance • Gradually initiate functional exercises **Criteria to Advance:** • Satisfactory static stability • Muscular strength 75-80% of contralateral side • No pain or tenderness
Phase VI (Advanced Strengthening Phase) Weeks 16-20	**Therapy:** • Continue flexibility exercises • Continue isotonic strengthening program	**Goals:** • Enhanced muscular strength, power, and endurance

	• Plyometric and dynamic shoulder strengthening • Sport-specific training/functional training programs	• Progress functional activities • Maintained shoulder stability
Phase VII (Return to Activity Phase) Months 6-9	**Therapy:** • Independent HEP (throwers 10 or fundamental shoulder exercise program) • Continue capsular stretching to maintain mobility. • Return to Sport U/E testing → return to sport unrestricted • For contact sports, consider shoulder brace	**Goals:** • Gradually progress sport activities to unrestrictive participation, as cleared by physician • Continue stretching and strengthening program • Maintain strength, mobility and stability of shoulder