This rehabilitation program 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.

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I**  Protected Motion Phase  Weeks 0-2 | Suggested Treatments:  Modalities: Pain control modalities as needed  Range of Motion:   * + Elbow, wrist, hand AROM   + PROM:     - Flexion limited to 90 degrees     - ER limited to 20 degrees in 30 degrees of abduction   Manual Therapy: Grade II-III Gleno-humeral joint mobilizations, no anterior glides until 8 weeks  Exercise Examples:   * Putty or grip strength exercises * Pendulums * AROM elbow, wrist, hand * Home program prescription of exercises | Goals of Phase:  1. Provide environment of proper healing  2. Prevention of post-operative complications  3. Slow muscle atrophy  4. Re-establish ROM within limits  5. Diminish pain and inflammation  Criteria to Advance to Next Phase:  1. Good pain management  2. 2 weeks post op |
| **Phase II**  Motion and Muscle Activation Phase  Weeks 3-4 | Specific Instructions:  Continue modalities for pain control as needed.  Typical start of PT at this time  Suggested Treatments:  Modalities Indicated: Pain control modalities as needed  ROM:   * + PROM:     - Flexion limited to 140 degrees   + AAROM:     - Flexion limited to 140 degrees     - ER limited to 20 degrees in 30 degrees of abduction   Isometrics: submaximal in all ranges per patient tolerance  Manual Therapy: Gleno-humeral/ thoracic, AC/SC joint mobilizations and capsular stretching (avoid stretching anterior capsule) to restore normal shoulder arthrokinematics.  Exercise Examples:   * AAROM pulleys/wand as tolerated, following ROM precautions * Submaximal isometrics * Continue exercises from phase I | Goals of Phase:  1. Regain and improve muscular strength  2. Normalize the arthrokinematics  3. Improve neuromuscular control  Criteria to Advance to Next Phase:  1. Full and non-painful AROM in allowed range  2. No Pain or Tenderness with exercises  3. 4 weeks post op |
| **Phase III**  Advanced strengthening and eccentric control phase  Weeks 5-6 | Specific Instructions:  Continue previous exercises  Suggested Treatments:   * Gradually improve PROM and AAROM   + Flexion and elevation in the plane of the scapula to 180°   + Abduction to 180°   + External rotation to 45° in 30 degrees abduction * Add in AROM as tolerated, following ROM precautions   Exercise Examples:   * Initiate ER strengthening in sidelying * ER/IR strengthening at neutral with tubing * UBE on low/no resistance * Supine rhythmic stabilization at 90 degrees flexion | Goals of Phase:  1. Improve strength, power and endurance  2. Preparation to return to overhead activities and throwing  3. Improve neuromuscular and eccentric control  Criteria to Advance to Next Phase:   1. Full and non-painful AROM in allowed range 2. 6 weeks post op |
| **Phase IV**  Return to Activity phase  Weeks 6-12 | Suggested Treatments:  WEEK 6-8   * Gradually progress P/AAROM of ER to 75 degrees in 30 degrees abduction by week 8 * Gradually progress AROM strengthening * Begin isotonic rotator cuff, periscapular, and shoulder strengthening program * Begin PNF strengthening, manual resistance in supine * UBE for strength and endurance * Focus on eccentric exercises   WEEK 8-12   * 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 * PNF strengthening in standing, add Thera-Band as able | Goals of Phase:   1. Gradually restore full AROM and PROM (by week 10) 2. Preserve the integrity of the surgical repair 3. Restore muscular strength and balance   Criteria to Advance to Next Phase:   1. Full non painful ROM in all ranges 2. Good stability 3. No pain or tenderness 4. 12 weeks post op |
| **Phase V**  Minimal Protection Phase  Weeks 12-16 | Suggested Treatments:   * Continue all stretching exercises (capsular stretches) * Maintain thrower's motion (especially ER) * Initiate single arm plyotoss * Restricted sports activities (light swimming, half golf swings) | Goals of Phase:   1. Establish and maintain full ROM 2. Improve muscular strength, power, and endurance 3. Gradually initiate functional exercises   Criteria to Advance to Next Phase:   1. Full non painful ROM 2. Satisfactory static stability 3. Muscular strength 75-80% of contralateral side 4. No pain or tenderness |
| **Phase VI**  Advanced Strengthening Phase  Weeks 16-20 | Suggested Treatments:   * Continue flexibility exercises * Continue isotonic strengthening program * Plyometric and dynamic shoulder strengthening * Sport specific training/functional training programs | Goals of phase:   1. Enhanced muscular strength, power, and endurance 2. Progress functional activities 3. Maintained shoulder stability   Suggested Criteria for Discharge:   1. Gradually restore full AROM and PROM 2. Preserve the integrity of the surgical repair 3. Restore muscular strength and balance needed for function |
| **Phase VII**  Return to Activity Phase (Months 6-9) | Independent HEP | Goals of Phase:   1. Gradually progress sport activities to unrestrictive participation, as cleared by physician 2. Continue stretching and strengthening program |