

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.

Phase	Suggested Interventions	Goals/Milestones for Progression
<p>Phase I Protected Motion Phase Weeks 0-2</p> <p>Use of sling for first 3 weeks. Use of abduction Pillow at 30-45 degrees abduction Sleep with sling.</p>	<p>Suggested Treatments: Modalities: Pain control modalities as needed Range of Motion:</p> <ul style="list-style-type: none"> ○ Elbow, wrist, hand AROM ○ PROM: <ul style="list-style-type: none"> ▪ Flexion limited to 90 degrees, seated table slide, pendulums ▪ ER limited to 20 degrees in 30 degrees of abduction <p>Manual Therapy: Grade II-III Glenohumeral joint mobilizations, no anterior glides until 8 weeks</p> <p>Exercise Examples:</p> <ul style="list-style-type: none"> - Putty or grip strength exercises - Pendulums - AROM elbow, wrist, hand - Home program prescription of exercises 	<p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Provided 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 <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Good pain management 2. 2 weeks post-op
<p>Phase II Motion and Muscle Activation Phase Weeks 2-4</p> <p>Wean out of sling at week 4.</p>	<p>Specific Instructions: Continue modalities for pain control as needed. Typically start of PT at this time</p> <p>Suggested Treatments: Modalities Indicated: Pain control modalities as needed ROM:</p> <ul style="list-style-type: none"> ○ PROM: <ul style="list-style-type: none"> ▪ Flexion limited to 140 degrees ○ AAROM: <ul style="list-style-type: none"> ▪ Flexion limited to 140 degrees ▪ ER limited to 50 degrees in 30-45 degrees of abduction and ▪ IR to 45-60 degrees at 45 degrees of abduction 	<p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Regain PROM/AAROM 2. Preserve the integrity of the surgical repair <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Flexion to 140 degrees, External rotation to 30-45 degrees 2. Adequate pain control 3. 4 weeks post-op

	<p>Isometrics: submaximal in all ranges per patient tolerance</p> <p>Manual Therapy: Gleno-humeral/ thoracic, AC/SC joint mobilizations and capsular stretching (avoid stretching anterior capsule) to restore normal shoulder arthrokinematics.</p> <p>Exercise Examples:</p> <ul style="list-style-type: none"> - AAROM pulleys/wand as tolerated, following ROM precautions - Submaximal isometrics - Scap retraction, prone scapular retraction, standing scapular settings or supported, low row, cane external rotation - Continue exercises from phase I 	
<p>Phase III Advanced strengthening and eccentric control phase Weeks 4-6</p>	<p>Specific Instructions: Continue previous exercises</p> <p>Suggested Treatments:</p> <ul style="list-style-type: none"> - Gradually improve PROM and AAROM <ul style="list-style-type: none"> o Flexion and elevation in the plane of the scapula to 180° o Abduction to 180° o 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 degrees, supine flexion, salutes, supine punch, seated shoulder elevation with cane and active lowering <p>Exercise Examples:</p> <ul style="list-style-type: none"> - Initiate ER strengthening in sidelying - ER/IR strengthening at neutral with tubing - UBE on low/no resistance - Supine rhythmic stabilization at 90 degrees flexion 	<p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Improve strength and ROM 2. Improve neuromuscular and eccentric control <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. 140 degrees shoulder PROM shoulder flexion 2. 50 degrees shoulder PROM ER and IR in scapular plane 3. 45 degrees shoulder PROM ER in 90 degrees ABD 4. 115 degrees shoulder AROM forward elevation 5. 6 weeks post-op

<p>Phase IV Return to Activity phase Weeks 6-12</p>	<p>Suggested Treatments:</p> <p>WEEKS 6-8</p> <ul style="list-style-type: none"> • Gradually progress P/AAROM of ER to 75-90 degrees in 90 degrees abduction • 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 <p>WEEKS 8-12</p> <ul style="list-style-type: none"> • 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) • Plytoss, double arm chest pass, double arm overhead • PNF strengthening in standing, add Thera-Band as able 	<p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Gradually restore full AROM and PROM (by week 10) 2. Restore muscular strength and balance <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Full non painful ROM in all ranges 2. Good stability 3. No pain or tenderness 4. 12 weeks post op
<p>Phase V Minimal Protection Phase Weeks 12-16</p>	<p>Suggested Treatments:</p> <ul style="list-style-type: none"> - Continue all stretching exercises (capsular stretches) - Maintain thrower's motion (especially ER) - Initiate single arm plytoss (90/90, Dribble) - Restricted sports activities (light swimming, half golf swings) 	<p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Improve muscular strength, power, and endurance 2. Gradually initiate functional exercises <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Satisfactory static stability 2. Muscular strength 75-80% of contralateral side 3. No pain or tenderness

<p>Phase VI Advanced Strengthening Phase Weeks 16-20</p>	<p>Suggested Treatments:</p> <ul style="list-style-type: none"> - Continue flexibility exercises - Continue isotonic strengthening program - Plyometric and dynamic shoulder strengthening - Sport specific training/functional training programs 	<p>Goals of phase:</p> <ol style="list-style-type: none"> 1. Enhanced muscular strength, power, and endurance 2. Progress functional activities 3. Maintained shoulder stability
<p>Phase VII Return to Activity Phase (Months 6-9)</p>	<p>Independent HEP (either throwers 10 or fundamental shoulder exercise program) Continue capsular stretching to maintain mobility. Return to Sport UE testing → Return to sport un-restricted For contact sports, consider shoulder brace.</p>	<p>Goals of Phase/Criteria for discharge:</p> <ol style="list-style-type: none"> 1. Gradually progress sport activities to unrestrictive participation, as cleared by physician 2. Continue stretching and strengthening program 3. Maintain strength, mobility and stability of shoulder