

Arthroscopic Anterior Bankart Repair Physical Therapy Protocol

I. Phase I – Immediate Postoperative Phase “Restrictive Motion” (Week 0-6)

- Goals:**
- Protect the anatomic repair
 - Prevent negative effects of immobilization
 - Promote dynamic stability and proprioception
 - Diminish pain and inflammation

Weeks 0-2

- Sling for 2-3 weeks
- Sleep in immobilizer for 4 weeks
- Elbow/hand ROM
- Hand gripping exercises
- Passive and gentle active assistance ROM exercises
 - Flexion to 70 degrees week 1
 - Flexion to 90 degrees week 2
 - ER/IR with arm 30 degrees week 2
 - ER to 5-10 degrees
 - IR to 45 degrees
- Submaximal isometrics for shoulder musculature
- Rhythmic stabilization drills ER/IR
- Proprioception drills
- Cryotherapy, modalities as indicated

Weeks 3-4

- Discontinue use of sling
- Use immobilizer for sleep (physician decision)
- Continue gentle ROM exercises (PROM and AAROM)
 - Flexion to 90 degrees
 - Abduction to 90 degrees
 - ER/IR at 45 degrees abduction in scapular plane
 - ER in scapular plane to 15-20 degrees
 - IR in scapular plane to 55-60 degrees
- ** NOTE: Rate of progression based on evaluation of the patient
- No excessive ER, extension or evaluation
- Continue isometrics and rhythmic stabilization (submax)
- Core stabilization program
- Initiate scapular strengthening program
- Continue use of cryotherapy

Weeks 5-6

- Gradually improve ROM
 - Flexion to 145 degrees
 - ER at 45 degrees abduction: 55-60 degrees
 - IR at 45 degrees abduction: 55-60 degrees
- May initiate stretching exercises
- Initiate exercise tubing ER/IR (arm at side)
- Scapular strengthening
- PNF manual resistance

II. Phase II - Intermediate Phase: Moderate Protection Phase (Weeks 7-14)

Goals: Gradually restore full ROM (week 10)
Preserve the integrity forward the surgical repair
Restore muscular strength and balance
Enhance neuromuscular control

Weeks 7-9

- Gradually progress ROM:
 - Flexion to 160 degrees
 - Initiate ER/IR at 90 degrees abduction
 - ER at 90 ° abduction: 70-80 degrees at week 7
 - ER to 90 degrees at weeks 8-9
 - IR at 90 degrees abduction: 70-75 degrees
- Continue to progress isotonic strengthening program
- Continue PNF strengthening

Weeks 10-14

- May initiate slightly more aggressive strengthening
- Progress isotonic strengthening exercises
- Continue all stretching exercises
 - *°Progress ROM to functional demands (i.e. overhead athlete)
- Progress to isotonic strengthening (light and restricted ROM)

III. Phase III – Minimal Protection Phase (Week 15-20)

Goals: Maintain full ROM
Improve muscular strength, power and endurance
Gradually initiate functional activities

Criteria to Enter Phase III

- 1) Full non-painful ROM
- 2) Satisfactory stability
- 3) Muscular strength (good grade or better)
- 4) No pain or tenderness

Weeks 15-18

- Continue all stretching exercises (capsular stretches)
- Continue strengthening exercises:
 - Throwers ten program or functional exercises
 - PNF manual resistance
 - Endurance training
 - Restricted sport activities (light swimming, half golf swings)
- Initiate interval sport program week 16-18

Weeks 18-20

- Continue all exercise listed above
- Process interval sport program (throwing, etc.)

IV. Phase IV – Advanced Strengthening Phase (Weeks 21-24)

Goals: Enhance muscular strength, power and endurance
Progress functional activities
Maintain shoulder mobility

Criteria to Enter Phase IV

- 1) Full non-painful ROM
- 2) Satisfactory static stability
- 3) Muscular strength 75-80% of contralateral side
- 4) No pain or tenderness

Weeks 21-24

- Continue flexibility exercises
- Continue isotonic strengthening program
- NM control drills
- Plyometric strengthening
- Progress interval sport programs

V. Phase V – Return to Activity Phase (Months 7-9)

Goals: Gradual return to sport activities
Maintain strength, mobility and stability

Criteria to Enter Phase V

- 1) Full functional ROM
- 2) Satisfactory isokinetic test that fulfills criteria
- 3) Satisfactory shoulder stability
- 4) No pain or tenderness

Exercises

- Gradually progress sport activities to unrestricted participation
- Continue stretching and strengthening program

Please note that rehabilitation protocols are to be used as general guidelines in the overall treatment and plan of care for the patients of Central Texas Sports Medicine & Orthopaedics. Supervised treatment and care under physicians, physical therapists, and athletic trainers are essential in a patient progressing through each phase of the rehabilitation process. Our doctors, therapists, and trainers will determine the appropriate progression of the specific protocol for each patient.