

Arthroscopic Bankart Repair

Rehabilitation Protocol

Dr. Mark Adickes

Introduction:

- This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart (anteroinferior labral repair) surgical procedure. Following this procedure we will progress slowly to ensure adequate and secure healing of the anterior labrum. In the immediate post-operative period exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder. That being said, early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.

Goals of rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy is to begin post-op week #1. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program.

Important post-op signs to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity:

- It requires both time and regular clinic evaluation to safely and efficiently return to functional activity.
- Adequate strength, flexibility, and endurance are all necessary to return to high level function, all of which are addressed in this program.
- Functional evaluation including strength and range of motion testing are required to assess a patient's readiness to return to sport.
- Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue

healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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Phase 1: Week 1-3

Range of Motion:

- **NO ACTIVE ER, ABDUCTION, OR EXTENSION**
- Passive range of motion-scapular plane
- External rotation (conservative; relatively pain free)
- Internal rotation
- Passive and AAROM
- Flexion/Elevation
- Pendulum exercises
- Rope/Pulley (flex, scaption)
- Wand exercises-all planes within limitations
- Posterior capsule stretch
- Manual stretching and Grade I-II joint mobs

Strength:

- Initiate submaximal isometrics- PAIN FREE

Brace:

- Brace for 3 weeks or as noted by Dr. Adickes
- Brace removed for exercises above

Modalities:

- E-stim as needed
- Ice 15-20 minutes

Goals for Phase 1:

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

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Phase 2: Week 3-6

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Range of Motion:

- Passive and AAROM-scapular plane
- External rotation
- Internal rotation
- Passive and AAROM
- Flexion/Elevation
- Pendulum exercises
- Posterior capsule stretch
- Rope/Pulley (flex, abd, scaption)
- Wand exercises-all planes within limitations
- Manual stretching and Grade II-III to reach goals

Strength:

- Continue isometric activities as in Phase 1
- Initiate supine rhythmic stabilization at 90° flexion
- Initiate UBE for endurance
- Initiate IR/ER at neutral with tubing
- Initiate sidelying ER
- Push-up progression
- Prone horizontal abduction (100°, 90°), extension
- Initiate flexion, scaption, empty can
- Initiate scapular stabilizer strengthening
- Concentrate on eccentric activities

Brace:

- Discharge brace end of week 3

Modalities:

- Ice 15-20 minutes

Goals for Phase 2:

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in ROM

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Phase 3: Week 6-12

Range of Motion:

- Passive and AAROM-scapular plane
- External rotation-90° abduction
- Passive and AAROM
- Flexion/Elevation

Strength:

- Continue all strengthening from previous phases
- increasing resistance and repetition
- Initiate plyotoss chest pass at wk 8-10
- Initiate PNF patterns with theraband
- Manual resisted PNF patterns in supine
- UBE for strength and endurance
- Initiate isokinetic IR/ER at neutral at wk 10-12

Modalities:

- Ice 15-20 minutes

Goals for Phase 3:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

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Phase 4: Week 12-24

Range of Motion:

- Continue with all ROM activities from previous phases
- Posterior capsule stretching
- Towel stretching
- Grade III-IV joint mobs as needed for full ROM

Strength:

- Progress strengthening program with increase in resistance and high speed repetition
- Progress with eccentric strengthening of posterior cuff and scapular musculature
- Initiate single arm plyotoss
- Progress rhythmic stabilization activities to include standing PNF patterns with tubing
- UBE for strength and endurance
- Initiate military press, bench press, and lat pulldowns
- Initiate sport specific drills and functional activities
- Initiate interval throwing program week 16
- Initiate light plyometric program week 12-16
- Progress isokinetics to 90° of abduction at high speeds

Modalities:

- Ice 15-20 minutes

Goals for Phase 4:

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training