REHABILITATION GUIDELINES FOR ANTERIOR STABALIZATION WITH ARTHROSCOPIC BANKART REPAIR

PHASE I (*SURGERY TO 6 WEEKS AFTER SURGERY*) DATES:

Appointments	• Begin physical therapy at 6 weeks post op for females < 25years old. • Begin physical therapy 4-10 days post op for patients with chondromalacia, and most men • See op note
Rehabilitation Goals	• Protect the post-surgical shoulder • Activate the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints. • Restoring active and passive motion of the shoulder for flexion, abduction, internal rotation and external rotation no > 45°
Precautions	• Sling immobilization required for soft tissue healing for 6 weeks • External rotation to 45° (at 30° of ABD) • **Passive Flexion/Abduction to 90° (scapular plane) (unless otherwise stated differently by MD in post-operative instructions)** • **No shoulder external rotation past 30 deg with abduction at 90 degrees for 6 weeks** to protect repaired tissues. • No shoulder extension. • Hypersensitivity in axillary nerve distribution is a common occurrence
Suggested Therapeutic Exercises	• AAROM and PROM for shoulder flexion, abduction, IR and ER per ROM precautions. • Submaximal shoulder isometrics • Scapular PNF • Initiate AROM at week 6. • Hand gripping • Elbow forearm and wrist AROM • Cervical spine and scapular AROM • Desensitization techniques for axillary nerve distribution prn • Postural exercises
Cardiovascular Exercises	• Walking, stationary bike with sling on • No swimming or treadmill • Avoid running or jumping due to distractive forces that can occur at landing

Progression Criteria	• PROM 90° flexion/scaption, ER to 45°

PHASE II (*6-10 WEEKS*) DATES:

Appointments	• Continue physical therapy 1-2x/week.
Rehabilitation Goals	• Full shoulder AROM in all planes • Progress ER gradually to prevent overstressing the repaired anterior tissues of the shoulder • Strengthen shoulder and scapular stabilizers • Begin proprioceptive and dynamic neuromuscular control retraining
Precautions	• Avoid passive and forceful movements into shoulder external rotation, extension and horizontal abduction. • No strengthening exercises that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation such as push up and pec flys etc.
Suggested Therapeutic Exercises	• Initiate AA/AROM • Progress PROM to full flexion/scaption • Rotator cuff strengthening in non-provocative positions (0-45° ABD) • Scapular strengthening and dynamic neuromuscular control • UBE light resistance • Biceps, triceps, and closed chain exercises
Cardiovascular Exercises	• UBE, walking, stationary bike, Stairmaster • No swimming or treadmill • Avoid running and jumping until the patient has full rotator cuff strength in a neutral position due to distractive forces that can occur with landing.
Progression Criteria	• ~ Full shoulder AROM • Negative apprehension or impingement signs

PHASE III (*10-14 WEEKS, may be longer*) DATES:

Appointments	• Continue physical therapy 1-2x/week

Rehabilitation Goals	• Full shoulder active range of motion in all planes with normal scapula-humeral movement • 5/5 rotator cuff strength at 90° abduction in scapular plane • 5/5 periscapular strength
Precautions	• Exercises and activities to remain non-provocative and low/medium velocity • Avoid activities where there is a high risk of falling or outside forces to be applied to the arm • No swimming or throwing sports
Suggested Therapeutic Exercises	**Motion** • Posterior glides if posterior capsule tightness is present. More aggressive ROM if limitations are still present. • Posterior capsular stretching/mobilization **Strength and Stabilization** • Prone T/W/Y, PNF diagonals, full can • Resisted ER/IR @ 90° of ABD. • Closed chain stabilization exercises over ball/unstable surfaces
Cardiovascular Exercises	• Walking, biking Stairmaster and running if phase III criteria met • No swimming
Progression Criteria	• Patient can progress to phase IV when they have met the above stated goals and have no apprehension or impingement sign.

PHASE IV (14 *WEEKS +*) DATES:

Appointments	• Decrease frequency prn and increase home exercise
Rehabilitation Goals	• Patient to demonstrate stability with higher velocity movements and change of direction movements • 5/5 rotator cuff testing with multiple repetition testing at 90° Abduction in scapular plane • Full multi-planar shoulder active range of motion
Precautions	• Progress gradually to provocative exercises by beginning with low velocity known movement patterns.

Suggested Therapeutic Exercises (Phase IV continued) Suggested Therapeutic Exercises	**Motion** • Posterior glides if posterior capsule tightness present **Strength and stabilization** • Dumbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises. • Higher velocity strengthening and control such as plyometrics, rapid theraband drills. • Plyometric should start with 2 hands below shoulder height and progress to overhead, then back to below shoulder level with one hand and progressing again overhead. • Begin education in sport specific biomechanics with very initial program for throwing, swimming or overhead racquet sports
Cardiovascular Exercises	• Walking, biking Stairmaster and running if phase II criteria met • No swimming
Progression Criteria	• Patient can progress to return to sport when they have met the above stated goals and have no apprehension or impingement sign and receiving clearance from orthopedic surgeon and the physical therapist

References:
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PT name and date: Lance Georgeson, MPT February 2016
MD name and date: Approved by MD February 2016
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