

Arthroscopic Bankart Repair Postoperative Rehabilitation Protocol

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This protocol is meant to provide the patient and/or clinician with a guide to postoperative rehabilitation after an arthroscopic Bankart repair. For patients, it is not intended as a substitute for personal guidance or evaluation by your surgeon. For other clinicians, it is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requires assistance in the progression of a postoperative patient they should consult with Dr. Nelson.

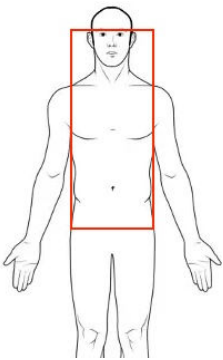
Phase I – Immediate Post Surgical Phase (Surgery to 4 weeks postoperative)

- Goals
 - Maintain integrity of repair
 - Diminish pain, inflammation, and swelling
 - Prevent muscular inhibition and splinting
 - Independence with ADLs with modifications while maintaining the integrity of the repair.
- Precautions
 - No active range of motion (AROM) of Shoulder
 - Maintain arm in sling at all times except bathing, dressing, and allowed exercises
 - No lifting of objects
 - No shoulder motion behind back
 - No excessive stretching or sudden movements
 - No supporting of body weight by hands
 - Keep incisions clean
 - No running or jumping, even with sling in place
- DAY 1 TO 6
 - Sling with abduction pillow
 - Sleep in sling, head of bed elevated or in recliner
 - Begin 3-5x daily cervical range of motion on postoperative day 1
 - Begin 3-5x daily elbow range of motion and frequent power grips on postoperative day 1
 - Begin 3-5x daily scapular shrugs & squeezes on postoperative day 3
 - Begin 5x daily **Phase I Gliding Exercises** on postoperative day 3
 - Video available at www.YouTube.com/@RaleighUpperExMD
 - Consists of gentle slow PROM of operative shoulder in scapular plane using contralateral extremity, supine or reclined if possible
 - Cryotherapy for pain and inflammation
 - Day 1-5: as much as possible
 - After Day 5: post activity, or for pain
- DAY 7 TO 28:
 - Continue sling with abduction pillow at all times
 - May transition to sleeping fully supine, but must sleep with sling in place
 - Continue cervical, scapular shrug/squeeze, hand/wrist/elbow exercises

- May begin light cardiovascular activities (walking, stationary bike) but caution against heavy sweating until incisions are fully healed
- Cryotherapy as needed

Phase II – Protection Phase (Week 4-8)

- Goals
 - Facilitate continued soft tissue healing
 - **Maintain integrity of repair**
 - Gradually restore gentle low-amplitude AROM without overstressing healing tissue
 - Decrease pain and inflammation
- Precautions
 - No lifting, pushing, or pulling with operative hand/arm
 - No supporting of body weight with operative hand/arm
 - No behind the back motions
 - No cyclic loading or motion, even if low frequency/amplitude
 - No sudden jerking motions
 - No external rotation motions past neutral with arm at side
 - No PROM or stretching
- WEEK 4-6
 - Continue use of sling full time until end of week 4
 - At 4 weeks, OK to come out of sling while at HOME for gentle, waist level activities
 - Computer use
 - Writing
 - Eating & Drinking (“hand to mouth”)
 - Hygiene & Dressing
 - No behind-the-back, overhead, or cross-body movements!
 - Recommended continued sling use when outside home environment or at end of day if patient experiences ache/fatigue
 - Instruct patient on gentle “waist level” and “hand-to-mouth” activities – (i.e., no ER/behind back, overhead activities, recommend “catcher’s box” analogy with imaginary rectangle between beltline and face, no activities with hands outside this zone)
 - OK to remove sling for resumption of cardiovascular activities while holding arm at side with hand on belly position
 - Stationary bike
 - Treadmill on low speed
 - Stairmaster without arm motion
 - **Begin Phase II Motion Exercises**
 - Video at www.Youtube.com/@RaleighUpperExMD
 - This is a supine exercise, stabilizes scapulothoracic joint, eliminates gravity at 90 degrees, engages pecs/lats/deltoid/traps, encourages and re-trains normal glenohumeral rhythm without scapular substitution or trapezial over-activation
 - May begin active-assisted and progress to active as tolerated
 - Encourage frequent (5x daily) home performance
 - Start with elbow straight, arm at side, forward elevate to “zero gravity” or “home base” position (arm pointing at ceiling)
 - From zero gravity position:
 - Active circumduction motions through shoulder to tolerance to activate pectorals, deltoids, latissimus, etc.



- Allow passive, gravity-assisted forward flexion in scapular plane to tolerance
 - Once near-normal rhythm is regained in supine position, may begin active forward elevation in scapular plane in upright position
 - Continue previous exercises in Phase I as needed
 - Continue cryotherapy as needed after therapy
 - May use heat prior to ROM exercises
- WEEK 6-8
 - Discontinue sling completely
 - OK to wear at end of day due to ache/fatigue or higher-risk environments
 - Advance cardiovascular activities (e.g. running, drills) but avoid any that require upper extremity involvement (swimming, burpees)
 - Initiate rotator cuff isometric exercises
 - Initiate non-resisted AROM in all cardinal planes to tolerance
 - Shoulder flexion scapular plane
 - Shoulder abduction
 - ER with arm at side
 - IR behind back
 - Avoid abduction + ER and other composite motions
 - NO PROM external rotation stretching

Phase III – Intermediate phase (week 8-12)

- Goals
 - Full AROM
 - Dynamic Shoulder Stability
 - Gradual restoration of shoulder strength, power, and endurance
 - Optimize neuromuscular control
 - Gradual return to functional activities
- Precautions
 - No heavy lifting
 - Nothing heavier than 5 lbs
 - No sudden/explosive lifting or pushing activities
 - No sudden jerking motions
 - No contact or competitive sports
 - No functional cyclic loading or motion, even if passive and low-resistance (e.g. raking leaves)
 - No swimming or throwing
- WEEK 8-10
 - Begin passive stretching if necessary (e.g. pulleys for overhead motion, IR)
 - Begin low-velocity dynamic stabilization exercises
 - Initiate strengthening program
 - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing with arm at side
 - ER Sidelying
 - Lateral Raises
 - Full & Empty Can in Scapular Plane
 - Prone Rowing
 - Prone Horizontal Abduction
 - Prone Extension
 - Elbow Flexion & Extension

- Patient must be able to elevate arm **without** shoulder or scapular hiking before initiating isotonic
- WEEK 10-12
 - Continue all exercise listed above
 - May gradually initiate higher-demand heavy functional activities at waist level and below
 - Resume unrestricted cardiovascular activities (swimming, burpees, drills)

Phase IV – Advanced strengthening phase (week 16-22)

- Goals
 - Maintain full non-painful active ROM
 - Advanced conditioning exercises for enhanced functional use of UE
 - Continue to improve muscular strength, power, and endurance
 - Return to full functional activities
- Restrictions
 - Still NO contact or return to competitive sports
 - Still NO throwing/spiking for overhead athletes until 20 weeks
 - Avoid plyometrics
- WEEK 16
 - Continue ROM and self-capsular stretching for ROM maintenance
 - Continue progression of strengthening, may return to weight-lifting, beginning with low resistance and gradually working up to pre-surgical resistance by 20 weeks at earliest
 - Advanced proprioceptive, neuromuscular activities
 - May begin sports-specific neuromuscular training, without competition
- WEEK 20
 - Continue all exercises listed above
 - OK to begin plyometrics
 - OK to begin throwing program, low counts at first
 - Return to earlier phases to re-establish neuromuscular patterns and control, if necessary
 - Continue to perform ROM stretching, if motion is not complete

Phase V – Return to activity phase (5-6 months postoperative)

- Return to contact and competitive sports
 - Patient must demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc)

To obtain further copies of this protocol, please visit www.RaleighUpperEx.com