

Post-Operative Rehabilitation Protocol Following Arthroscopic Bankart Repair

The following protocol utilizes a blend of both criteria and timeframes as the determinants of advancement. It is clear that many athletes will feel good relatively early in their rehabilitation and want to advance to higher level activities. In spite of quick functional progress it is important to respect the biological component of recovery and limit advancement if the timeframe for a given stage has not been completed. Overall, this protocol targets return to full unrestricted activity **at 4-6 months** if all other criteria are also met. If the criteria are met sooner, the patient must restrict his/her activity level until cleared by the surgeon. **If patient has a concomitant injury/repair (such as a rotator cuff repair) treatment will vary- PLEASE consult with surgeon.**

Weeks 0-6

Goals:

- Permit capsule-ligamentous-labral healing
- Minimize effects of immobilization
- Decrease pain and inflammation
- Patient education
- Discontinue brace use at **4-6 weeks**

Treatment:

- No formal physical therapy
- Home exercise program of pendulums, scapular squeezes, elbow and wrist ROM, gripping exercises, and ice as needed

Weeks 7 to 12

Goals:

- Normalize arthrokinematics of glenohumeral and scapulothoracic joints
- Full shoulder ROM by week 10
- Initiate strength and proprioceptive training
- Decrease pain and inflammation
- Initiation of strength in provocative positions (10-12 weeks)

Treatment:

- Initiation of formal physical therapy
- Shoulder ROM (gradually work towards ER at 90° to 90°; Forward Elevation to 180°)
- Shoulder strength (IR/ER/Extension/Abduction/Forward Elevation) with band/weight (begin with nonprovocative positions)
- Scapular stabilization
- Thrower's Ten
- PNF D2 manual resistance
- Nonprovocative neuromuscular and proprioceptive activities (ie: bodyblade)
- Initiate full weight-bearing activity/closed kinetic chain at week 10

- Initiate double-arm open chain plyometrics at week 10 (begin with chest pass)
- Incorporate lower extremity/core stability into program

Weeks 13 to 16

Goals:

Full AROM and PROM
Initiation of functional activities/return to sports

Treatment:

- Continue strength/ROM as above
- Initiate single-arm open chain plyometrics
- Initiate ER/IR strengthening at 90° abduction
- Initiate interval throwing program (for most injuries, expect return to throwing by 3-6 months; Throwing at full velocity is typically delayed until 6 months)
- Initiate sport specific drills

Weeks 16+

Goals:

Gradual return to full unrestricted sport activities
Maintain ROM, stability, and neuromuscular control
Achieve maximal strength and endurance

Criteria To Discharge For Return to Full Sport Activities

- *Normal arthrokinematics of GH and ST joint*
- *Satisfactory clinical exam*
- *Strength testing >90% contralateral side*
- *Subjective scoring (Penn Shoulder Score >90 points)(DASH<15)*
- *Completion of both interval and positional specific throwing program*

*This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer.
Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.*