

Bankart repair rehabilitation protocol

The Stone Clinic

General considerations

- Use of a sling only as needed or prescribed - Okay to shower once dressings are changed (Day 1)
- Arm is restricted from these movements for 4 weeks: extension (backwards) past the plane of the body
- External rotation (arm rotation outwards) greater than 0° (straight in front); extensive repairs may require more restrictions
- For posterior repairs, avoid any internal rotation (turning in) past the body
- No passive forceful stretching into external rotation/extension for 3 months following an anterior repair and into internal rotation for a posterior repair
- Good posture is critical throughout the rehabilitation process to improve healing and decrease the risk of developing poor mechanics
- Aerobic conditioning throughout the rehabilitation process
- MD follow-ups Day 1, Day 14 with nurse for suture removal, 1 month, 4 months, 6 months and 1 year post-op
- All active exercises should be carefully monitored to minimize substitution or compensation

Days 1 - 5:

- MD visit (Day 1) to change dressings and review home exercise program
- Home program to consist of: Icing shoulder as often as able for the first 3 - 5 days. Pendulums, elbow flexion/extension, wrist and forearm strengthening, gentle passive/active assistive exercises of the arm in flexion (front) keeping below the level of the shoulder, cervical stretches.
- Postural education and exercises
- Stationary bike, stair machine, and elliptical without putting weight on involved arm
- Sleeping semi-reclined is most comfortable

Days 5 - 14:

- Clinic visit at 14 days for suture removal and check-up
- Pain control (i.e. cryotherapy, massage, electric stim) - Gradual increase in passive and active assistive (AAROM) exercises as tolerated (from flexion out into the scapular plane) up to 90° unless otherwise indicated
- Begin isometrics in all planes as tolerated
- Soft tissue treatments to scars and surrounding musculature, scapular mobilizations
- General conditioning as tolerated (include trunk flexion & extension exercises)

2 - 4 Weeks:

- Passive and AAROM flexion out to scaption (plane of the scapula) as tolerated
- Isotonic wrist, forearm, and scapular exercises
- Theraband resisted pull-downs from the front and the scapular plane; elbow flexion with high reps and low resistance; sub-maximal isometrics (as dictated by pain); active scapular elevation, depression, and retraction exercises; light weight bearing exercises

4 - 6 Weeks:

- Resting pain should be notably diminishing. Continue with passive and AAROM exercises (cane exercises, wall walking, table slide) in flexion out to abduction as tolerated; maximal isometrics
- Active exercises from flexion into the scapular plane against gravity as tolerated
- No resistance until able to perform 30 reps at limb weight with perfect mechanics
- Okay to add light resistance internal rotation exercises from 0° to the body only
- UBE with light-to-no resistance only
- Add proprioceptive training exercises. (Alphabet writing, fine motor skills, work/sport specific exercises)

6 - 8 Weeks:

- Continue to increase AROM exercises as tolerated (serratus anterior, upper, and lower trapezius); add eccentrics into protected ranges - Okay to begin LIGHT stretching into external rotation
- Okay to begin LIGHT glenohumeral joint mobilization
- Increase proprioceptive training (prone on elbows, quadruped position ("on all four's") for rhythmic stabilization
- UBE with increasing resistance
- Okay to begin jogging, road cycling, and standing arm resistance exercises in the pool

8 - 12 Weeks:

- Emphasis on regaining strength and endurance - Light PNF patterns (proprioceptive neuromuscular facilitation)
- AROM exercises to include internal rotation and external rotation as motion allows, lateral raises and supraspinatus isolation, rower with a high seat, decline bench press, military press in front of body
- Running, road or mountain biking, no activities with forceful, ballistic arm movement

3 - 6 Months:

- Aggressive stretching; begin strenuous resistive exercises
- Add light throwing exercises with attention to proper mechanics

6 Months:

- Increase throwing program with focus on return-to-throwing sports as mechanics, conditioning, and strength allow

NOTE: All progressions are approximations and should be used as a guideline only. Progression will be based on individual patient presentation, which is assessed throughout the treatment process.