

BANKART REPAIR

Dr. Michael Thomas Edgerton

****Orders to initiate formal therapy will be given upon first post-op appointment with physician.**

Phase I – Immediate Post-Surgical Phase (Day 1-21)

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:

- Remain in sling only removing for showering, pendulums, and elbow/wrist ROM
- Patient education regarding avoidance of abduction/external rotation activity to avoid anterior inferior capsule stress
- No passive range of motion (PROM) / active range of motion (AROM) of shoulder
- No lifting of objects with operative shoulder
- Keep incisions clean and dry

Weeks 1-3:

- Sling except while showering and completing exercises
- PROM/AROM of elbow, wrist, and hand
- Pendulums
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep with sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education on posture, joint protection, positions, hygiene, etc.
- Begin submax pain free isometrics in neutral week 3 (flexion, abduction, IR, ER)

Phase II – Protection Phase / PROM (week 4 and 5)

Goals:

- Gradually restore PROM of shoulder
- Do not overstress healing tissue

Precautions:

- Follow surgeon's specific PROM restrictions – primarily for ER
- No shoulder AROM or lifting

Week 4-5:

- Continue sling wear
- Initiate PROM (gentle) unless otherwise noted by surgeon
 - Full flexion and elevation in the plane of the scapula

- Full internal rotation
- ER to 30 degrees in 20 degrees abduction
- Continue pendulums
- Continue submax pain free rotator cuff isometrics (flexion, abduction, IR, ER)
- Continue Cryotherapy as needed
- Continue all precautions and joint protection

Phase III – Intermediate Phase / AROM (weeks 6 and 7)

Goals:

- Continue to gradually increase external rotation PROM and to full AROM
- Independence with ADL's
- Enhance strength

Precautions:

- No aggressive ROM/Stretching
- No lifting with affected arm

Weeks 6 and 7:

- Sling wear can be discontinued the end of week 6
- PROM (gentle) unless otherwise noted by surgeon
 - ER to 30-50 degrees at 20 degrees abduction, to 45 at 60 abduction
- Begin AROM of shoulder
 - Progress to full AROM in gravity resisted position
- Begin posterior capsular stretching
 - Cross arm stretching
 - Side lying internal rotation stretch
 - Posterior/inferior GH joint mobilization
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff strengthening (open and closed chain)
- Continue cryotherapy as needed

Phase IV – Strengthening Phase (weeks 8-12)

Goals:

- Continue to increase external rotation PROM gradually – ok to begin ER at 90 abduction at 8 weeks post op (week 9)
- Maintain full non-painful AROM
- Normalize muscular strength, stability, and endurance
- Gradually progress activity with ultimate return to full functional activity

Precautions:

- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 8-12

- Continue stretching and PROM all planes to tolerance
- Continue strengthening progression program

Phase V – Return to Activity Phase (weeks 12-20)**Goals:**

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

Precautions:

- Do not begin throwing or overhead athletic moves until 4 months post-op
- Weight lifting:
 - Avoid wide grip bench press
 - No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 12-16

- Continue progressive stretching and strengthening program
- Can begin golf, tennis (no serves until 4 months post op)
- Can begin generalized upper extremity lifting with low weight, high reps being sure to follow weight lifting precautions above

Weeks 16-20

- May initiate interval sports program if appropriate

Criteria to return to sports and recreational activities:

- Surgical clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non-operative shoulder

***Return to contact sports at 6 months post op.

Michael Thomas Edgerton, DO

Date