

OPEN ANTERIOR BANKART REPAIR

Dr. Steven Flores

This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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Phase 1 Week 0-3

Week	Exercise	Goal
0-3	<p>ROM</p> <p>Passive ROM only in scapular plane</p> <p style="padding-left: 40px;">External Rotation</p> <p style="padding-left: 40px;">Internal Rotation</p> <p>Passive and AAROM</p> <p style="padding-left: 40px;">Flexion</p> <p>Pendulum exercises</p> <p>Rope/Pulley (flex, scaption)</p> <p>Wand exercises--all planes within limitations</p> <p>Manual stretching and Grade I-II joint mobs</p> <p>Elbow (Flex/Extend), wrist, finger</p> <p>NO ACTIVE ER, ABDUCTION OR EXTENSION</p> <p>Strength</p> <p>Initiate submaxial isometrics at 0 abduction-- PAIN FREE</p> <p>Grip strengthening with putty or ball</p> <p>Brace</p> <p>Brace for 4 weeks or as noted by Dr. Flores</p> <p>Brace removed for exercise and hygiene</p> <p>Modalities</p> <p>E-stim as needed</p> <p>Ice 15-20 minutes</p> <p>Goals</p> <p>Promote healing of tissue</p> <p>Control pain and inflammation</p> <p>Gradual increase in ROM</p>	<p>Gradual increase</p> <p>0-30 wk 3 as tolerated</p> <p>0-120 wk 3</p> <p>Independent in HEP</p> <p>Initiate muscle contraction</p>

Phase 2: Week 3-6

Week	Exercise	Goal
3-6	<p>ROM</p> <p>Passive and AAROM-scapular plane</p> <p style="padding-left: 40px;">ER</p> <p style="padding-left: 40px;">IR</p> <p style="padding-left: 40px;">flexion</p> <p>Pendulum exercises</p> <p>Posterior capsule stretching</p> <p>Rope/Pulley (flex, abd, scaption)</p> <p>Wand exercises--all planes within limitations</p> <p>Manual stretching and grade II-III mobs to reach goals</p> <p>Strength</p> <p>Continue isometric activities as in Phase I</p> <p>Initiate supine rhythmic stabilization at 90 flexion</p> <p>Initiate UBE for endurance</p> <p>Initiate two hand plyometric chest pass</p>	<p>Gradual Increase</p> <p>0-75 wk 6</p> <p>full ROM wk 6</p> <p>0-140 wk 4</p> <p>0-160 wk 6</p>

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Initiate IR/ER at neutral with tubing
 Intiate flexion, scaption, empty can
 Initiate sidelying ER, biceps, triceps
 Push-up progression
 Prone horizontal abduction 100, 90), extension
 Initiate scapular stabilizer strengthening
 Concentrate on eccentric activities

Brace

Discharge brace end of week 4 d/c wk 4

Modalities

Ice 15-20 minutes

Goals

Control pain and inflammation Gradual increase ROM
 Enhance UE strength

Phase 3: Week 6-12

Week
6-12

Exercise
ROM

Continue all ROM from previous
 Posterior capsular stretching
 Towel stretching
 Grade III-IV mobs as needed for FROM

Goal
 full ROM 10 wk

Strength

Continue all strengthening from previous phases
 increasing resistance and repetition
 Intitiate overhead plyotoss at wk 10-12
 Progress with ER at 90 abduction with tubing
 Initiate PNF patterns with theraband
 UBE for strength and endurance
 Progress rhythmic stabilization activities to include
 standing PNF patterns with tubing
 Initiate isokinetic IR/ER at neural at wk 10-12

Modalities

Ice 15-20 minutes

Goals

Minimize pain and swelling Enhance neuromuscular control
 Full ROM Normalize arthrokinematics
 Improve UE strength and endurance

Phase 4: Week 12-24

Week
12-24

Exercise
ROM

Continue all ROM from previous
 Posterior capsular stretching
 Towel stretching
 Grade III-IV mobs as needed for FROM

Strength

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Progress strengthening with increase in resistance
and high speed repetitions
Progress with eccentric strengthening of posterior
cuff and scapular muscles
Initiate single arm plyometrics
Progress rhythmic stabilization activities to include
standing PNF patterns with tubing
UBE for strength and endurance
Initiate military press, bench press and lat pulldowns
keep elbows in front of plane of thorax
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16
Initiate light plyometric program week 12-16
Progress isokinetics to 90 of abduction at high speeds

Modalities

Ice 15-20 minutes

Goals

Full ROM
Maximize UE strength, endurance and neuromuscular control
Initiate sports specific training/functional training

Patient should complete stretching exercises 3x a day
May return to weight room at 3 months if appropriate.
May return to contact sports by 6 months if appropriate.