Rehab Protocol for Arthroscopic Bankart Repair

The Bankart procedure is performed to increase anterior stability of the shoulder. The following is a guideline for progression of post-operative treatment.

General Information
- Time required for full recovery is 9-12 months.
- There may be a loss of external rotation when compared to the other side, but the motion is usually adequate for most activities.
- Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems.

Precautions
- In this procedure, the repair must be protected for 6 weeks. During this time, strengthening activities involving internal rotation must be avoided.
- The repair is stressed with external rotation. Since the repair is made with the arm in neutral rotation, external rotation must be limited during the early rehab period.

Immobilization
- Sling should be worn for the first 48-72 hours
- After 3 days, sling can be removed for light activity
- Sling can be worn as needed during the day; it should always be worn at night for the first 6 weeks
- Discontinue sling completely at 6 weeks
- Do not get incision wet

1st POST-OP VISIT
(1) Wound inspection
(2) Patient education
- No active shoulder motion for 4 weeks, all planes
- No active internal rotation for 6 weeks
- Sling use as directed by physician
- Icing 3 times/day for 20 minutes
(3) Exercise
- Pendulum exercise without weight
  o Clockwise
  o Counterclockwise
  o Side-to-side
  o Front & back
- AAROM exercise - to patient tolerance - with cane
  o Flexion
  o Abduction
  o External rotation to 20° only
- AROM exercise
  o Elbow flexion/extension
o Wrist flexion/extension and supination/pronation

(4) Ice
(5) Modalities - PRN

1 WEEK POST-OP
(1) Wound check
(2) Exercise
  - Pendulum exercise  
  - AAROM exercise - to patient tolerance - with cane  
  - Isometric exercise  
    o Flexion/extension  
    o Abduction  
    o External rotation  
  - Progressive resistive exercise  
    o Shoulder shrugs  
    o Bicep curls  
    o Triceps/shoulder extension  
    o Scapular retraction - prone  
    o Wrist supination/pronation  
    o Gripping exercises  
    o Wrist flexion/extension  
(3) Grade I/II glenohumeral joint mobilization - as indicated  
(4) Modalities - PRN  
(5) Ice

2 WEEKS POST-OP
(1) Wound check, sutures out
(2) Exercise
  - AAROM  
    o UBE, forward/reverse  
    o With cane - progress to finger ladder/wall climbs/pulley system  
  - Pendulum exercise with light weight  
  - Isometrics - as previous  
  - Progressive resistive exercise - as previous  
(3) Grade I/II glenohumeral joint mobilization - as indicated  
(4) Modalities - PRN  
(5) Ice

4 WEEKS POST-OP
(1) Scar mobility
(2) Exercise
  - AROM  
    o All planes - limit ER to 20°  
    o UBE, forward/reverse  
  - Progressive resistive exercise - continue as previous, adding:  
    o Serratus punch - supine, without weight
6 WEEKS POST-OP
(1) Discontinue sling use
(2) Exercise
   • AROM
     o All planes - limit external rotation to 45°
     o UBE, forward/reverse and standing off to side clockwise and counterclockwise
   • Progressive resistive exercise - continue as previous, adding:
     o Shoulder internal/external rotation with low resistance Theraband (limit ER to 45°)
     o Wall push-up plus, hand in neutral position
(3) Grade I/II glenohumeral joint mobilization - as indicated
(4) Modalities - PRN
(5) Ice

8 WEEKS POST-OP
(1) Full PROM, ER to 60°
(2) Exercise
   • Progressive resistive exercise - continue as previous, adding:
     o Low resistance/high repetition
       ▪ Flexion
       ▪ Abduction
       ▪ Supraspinatus (limit to 70°)
       ▪ Prone fly
       ▪ Scapular retraction Prone extension
     o Kneeling push-ups
     o Wall push-up plus, hands in neutral position
   • Body Blade
     o One-handed grip, abduction to 90°
     o Two-handed grip, flexion to 90°
   • Plyoball
     o Circles - CW and CCW, 1 minute each direction
     o Squares - CW and CCW, 1 minute each direction
(3) Grade I/II glenohumeral joint mobilization - as indicated
(4) Modalities - PRN
(5) Ice

10 WEEKS POST-OP
(1) Full PROM, ER to 75°
(2) Exercise
- Progressive resistive exercise - continue as previous, adding:
  o Push-up
  o Step-up push-up in quadruped position
- Plyoball diagonal patterns
- Fitter
  o Side-to-side
  o Front & back
- StairMaster in quadruped (level 12-15)
- Treadmill in quadruped (1.0 mph)
- Progress weight and range of motion as tolerated by patient, with closed-
  and open-chain exercises and proprioceptive activities
(3) Glenohumeral joint mobilization - as indicated
(4) Modalities - PRN
(5) Ice

12 WEEKS POST-OP
(1) Should have full AROM, ER to 90°; if not, begin passive stretch to achieve full ROM
(2) Exercise
- Progressive resistive exercise - continue as previous, adding:
  o Body Blade diagonals - progress to single-leg stance
  o Push-up plus in push-up position
  o Step-ups in push-up position
(3) Glenohumeral joint mobilization - as indicated
(4) Modalities - PRN
(5) Ice

16 WEEKS POST-OP
(1) Should have full AROM, ER to 90°; continue passive stretch to achieve full ROM
(2) Exercise
- Continue with exercise program, progressing with weight & endurance as tolerated
- Begin sport-specific exercise as directed by physician (see attached sheet)
- Isokinetic testing as directed by physician
(3) Grade I/II glenohumeral joint mobilization - as indicated
(4) Modalities - PRN
(5) Ice

24 WEEKS POST-OP
Progression to full activity as directed by physician

Adapted from MedSport: Ann Arbor, Michigan & Vanderbilt Sports Medicine, Nashville, TN