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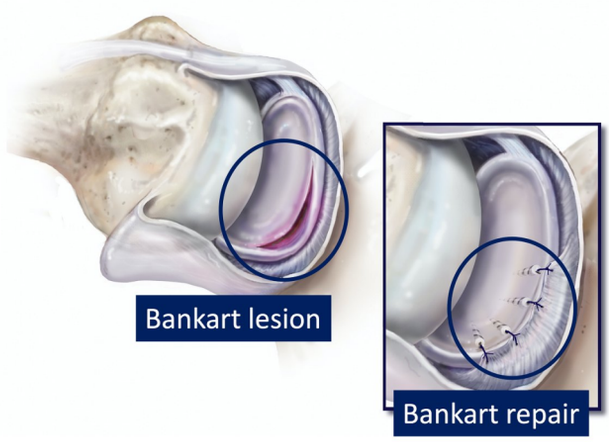
REHABILITATION PROTOCOL FOR BANKART REPAIR

This protocol is intended to guide clinicians and patients through the post-operative course of a Bankart repair. Specific interventions should be based on the needs of the individual and should consider exam findings and clinical decision making. If you have questions, contact the referring physician.



Post-operative Complications

If you develop a fever, unresolving numbness/tingling, excessive drainage from the incision, uncontrolled pain or any other symptoms you have concerns about you should contact the referring physician.

PHASE I: IMMEDIATE POST-OP (0-3 WEEKS AFTER SURGERY)

Rehabilitation Goals

- Protect surgical repair
- Reduce swelling, minimize pain
- Maintain UE ROM in elbow, hand and wrist
- Gradually increase shoulder PROM
- Minimize substitution patterns with AAROM
- Minimize muscle inhibition
- Patient education

Sling

- Neutral rotation
- Use of abduction pillow in 30-45 degrees abduction
- Use at night while sleeping

Precautions

- No shoulder AROM
- No lifting of objects
- No supporting of body weight with hands

Intervention

Swelling Management

- Ice, compression

Range of motion/Mobility

- PROM: ER<20 scapular plane, Forward elevation <90, pendulums, seated GH flexion table slide
- AROM: elbow, hand, wrist
- AAROM: Active assistive shoulder flexion, shoulder flexion with cane, cane external rotation stretch

Strengthening (Week 2)

- *Periscapular: scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row*
- *Ball squeeze*

Criteria to Progress

- 90 degrees shoulder PROM forward elevation
- 20 degrees of shoulder PROM ER and IR in the scapular plane
- Palpable muscle contraction felt in scapular and shoulder musculature
- No complications with Phase I

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PHASE II: INTERMEDIATE POST-OP (4-6 WEEKS AFTER SURGERY)

Rehabilitation Goals
- Continue to protect surgical repair
- Reduce swelling, minimize pain
- Gradually increase shoulder PROM
- Minimize substitution patterns with AAROM/AROM
- Patient education

Sling
- Start to wean out of sling

Precautions
- No lifting of objects
- No supporting of body weight with hands

Intervention
**Continue with Phase I interventions*

Range of motion/Mobility
- PROM: ER<50 scapular plane, ER @ 90 ABD <45, Forward elevation <135, horizontal table slide
- AAROM: washcloth press up, seated table slides, seated shoulder elevation with cane, wall climbs
- AROM: elevation < 115, supine flexion, salutes, supine punch, seated shoulder elevation with cane and active lowering

Strengthening
- Rotator cuff: internal external rotation isometrics
- Periscapular: Row on physioball, shoulder extension on physioball, rowing, lawn mowers, robbery, serratus punches

Criteria to Progress
- 135 degrees shoulder PROM forward elevation
- 50 degrees shoulder PROM ER and IR in scapular plane
- 45 degrees shoulder PROM ER in 90 degrees ABD
- 115 degrees shoulder AROM forward elevation
- Minimal substitution patterns with AAROM/AROM
- Pain < 2/10
- No complications with Phase II

PHASE III: INTERMEDIATE POST-OP CONTD (7-8 WEEKS AFTER SURGERY)

Rehabilitation Goals
- Do not overstress healing tissue
- Reduce swelling, minimize pain
- Gradually increase shoulder PROM/AROM
- Initiate rotator cuff strengthening
- Progress periscapular strength
- Improve dynamic shoulder stability
- Gradually return to full functional activities
- Patient education

Sling
- Discontinue

Precautions
- No lifting of heavy objects (>10 lbs)

Intervention
*Continue withPhase I-IIinterventions

Range of motion/Mobility
- PROM: ER<65 scapular plane, ER @ 90 <75, Forward elevation <155

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- AAROM: Pulleys
- AROM: Elevation <145, supine forward elevation with elastic resistance to 90 degrees

Strengthening

- Rotator cuff: side-lying external rotation, standing external rotation w/ resistance band, standing internal
- Periscapular: Resistance band shoulder extension, resistance band seated rows, push-up plus on knees, tripod, pointer, prone shoulder extension ls, resistance band forward punch, forward punch

Motor Control

- Internal and external rotation in scaption and Flex 90-125 (rhythmic stabilization)
- IR/ER and Flex 90-125 (rhythmic stabilization)
- Quadruped alternating isometrics and ball stabilization on wall

Criteria to Progress

- 155 degrees shoulder PROM forward elevation
- 65 degrees shoulder PROM ER and IR in scapular plane
- 75 degrees shoulder PROM ER in 90 degrees ABD
- 145 degrees shoulder AROM forward elevation
- Pain < 2/10

PHASE IV: TRANSITIONAL POST-OP (9-11 WEEKS AFTER SURGERY)

Rehabilitation Goals

- Do not overstress healing tissue
- Gradually increase shoulder PROM/AROM
- Progress rotator cuff strengthening
- Progress periscapular strength
- Improve dynamic shoulder stability

Precautions

- No lifting of heavy objects (> 10 lbs)

Intervention

*Continue with Phase II-III interventions

Range of motion/mobility

- *PROM: Full*
- *AROM: Full*

Strengthening

- Rotator cuff: sidelying ABD standing ABD, scaption and shoulder flexion to 90 degrees elevation
- Periscapular: T and Y, "T" exercise, push-up plus knees extended, prone external rotation at 90 degrees, wall push up, "W" exercise, resistance band Ws, dynamic hug, resistance band dynamic hug
- Elbow: Biceps curl, resistance band bicep curls and triceps

Stretching

- IR behind back with towel, sidelying horizontal ADD, sleeper stretch, triceps and lats, doorjam series

Motor Control

- *PNF – D1 diagonal lifts, PNF – D2 diagonal lifts•*
- *Field goals*

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Criteria to Progress

- Full pain-free PROM and AROM
- Minimal to no substitution patterns with shoulder AROM
- Performs all exercises demonstrating symmetric scapular mechanics
- Pain < 2/10

PHASE V: STRENGTHENING POST-OP (12-16 WEEKS AFTER SURGERY)

Rehabilitation Goals

- Maintain pain-free ROM
- Enhance functional use of upper extremity

Intervention

*Continue with Phase II-III interventions

Strengthening

- Rotator cuff: External rotation at 90 degrees, internal rotation at 90 degrees, resistance band standing external rotation at 90 degrees, resistance band standing internal rotation at 90 degrees

Motor control

- Resistance band PNF pattern, PNF – D1 diagonal lifts w/ resistance, diagonal-up, diagonal-down
- Wall slides w/ resistance band

Stretching

- *External rotation (90 degrees abduction), hands behind head*

Criteria to Progress

- Clearance from MD and ALL milestone criteria below have been met
- QuickDASH
- PENN
- Upper Extremity Functional Assessment
    - Full pain-free PROM and AROM
    - Joint position sense ≤ 5 degree margin of error
    - Strength ≥ 85% of the uninvolved arm
    - ER/IR ratio ≥ 64%
    - Scapula Dyskinesis Test symmetrical
    - Functional Performance and Shoulder Endurance Tests ≥ 85% of the uninvolved arm
    - Males ≥ 21 taps; females ≥ 23 taps on CKCUEST
- Return-to-sport testing can be performed at MGH Sports Physical Therapy, if necessary
- Negative impingement and instability signs
- Performs all exercises demonstrating symmetric scapular mechanics

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PHASE VII: EARLY RETURN-TO-SPORT (4-6 MONTHS AFTER SURGERY)

Rehabilitation Goals

- Maintain pain-free ROM
- Continue strengthening and motor control exercises
- Enhance functional use of upper extremity
- Gradual return to strenuous work/sport activity

Intervention

*Continue with Phase II-VI interventions

- See specific return-to-sport/throwing program (coordinate with physician)

Criteria to Progress

- Last stage-no additional criteria

Return-to-Sport

- For the recreational or competitive athlete, return-to-sport decision making should be individualized and based upon factors including level of demand on the upper extremity, contact vs non-contact sport, frequency of participation, etc. We encourage close discussion with the referring surgeon prior to advancing to a return-to-sport rehabilitation program.

PROFESSIONAL MEDICAL ADVICE

Always follow the specific rehabilitation plan prescribed by your orthopedic surgeon or physiotherapist.Performing these exercises without proper supervision may lead to re-injury or delayed recovery.If you experience pain, swelling, or instability, stop immediately and consult your healthcare provider.

BANKART LESION