

## Anterior and Posterior Bankart Repair Rehabilitation Protocol

### Precautions:

- Slower progression in restoring ROM
- Emphasis on Neuromuscular control, scapular position, increase resting muscular tone
- Control arm position/motion while sleeping
- No excessive motion, especially IR, horizontal abduction or adduction
- No pushing motions, push-ups for 8-10 weeks

### I. Phase I - Protection Phase (Week 0-8)

**Goals:** Allow healing of repaired capsule  
Begin early protected and restricted range of motion  
Retard muscular atrophy and enhance dynamic stability  
Decrease pain/inflammation

**Brace:** Patient placed in ultrasling brace in neutral rotation for 4-6 weeks (physician will make determination)

#### **Week 0-2**

##### Precautions:

1. Sleep in brace for 4-6 weeks (Physician will make determination)
2. No overhead activities for 6-8 weeks
3. No cross body movements or excessive I
4. Compliance to rehab program is critical.

##### Exercises:

Wrist, hand, gripping

Elbow flex/extension and pronation/supination

Pendulum exercises (non-weighted)

Isometrics

- Flexors, Extensors, ER, IR, ABD
- Rhythmic stabilization drills ER/IR (neutral rotation at 20 degrees abduction)
- Proprioception drills

Range of Motion:

- PROM only
- ER/IR at 30 degrees Abduction
- ER to 10-15 degrees
- IR to 10-15 degrees
- Elevation to 45 degrees maximum

#### **Week 3-4**

**Goals:** Control ROM  
Enhance Neuromuscular control  
Decrease pain/inflammation

1. Initiate Range of Motion Exercises  
L-Bar active assisted exercises, gentle PROM exercises  
IR/ER at 30 degrees scapular plane to 10-15 degrees.

- ER to 15-20 degrees
  - IR to 15-20 degrees
- Shoulder flexion to 60 degrees week 3-4.  
Rope & Pulley Flexion to 60-70 degrees.

2. Strengthening exercises
  - isometrics
  - rhythmic stabilization exercises
  - proprioception drills
  - scapular strengthening exercises manual drills (seated)
  - initiate core stabilization (bridging, partial sit ups, etc.)
3. Conditioning program for:
  - trunk
  - lower extremities
  - cardiovascular
4. Decrease pain/inflammation:
  - ice, modalities

**Week 5-6**

1. Continue all exercises listed above
2. Range of Motion Exercises  
L-Bar Active Assisted Exercises  
Gradually and slowly increase ROM
  - \*Base rate of ROM progress on amount of motion and end feel
  - ER at 40 degrees abduction scapular plane to 40 degrees at week 5
  - IR at 40 degrees abd scapular plan to 45 degrees
  - Flexion to 90-100 degrees week 5-6
3. Strengthening exercises
  - initiate tubing IR/ER with arm at side (limited ROM)
  - rhythmic stabilization drills
  - emphasize rotator cuff strengthening
  - active full can to 70 degrees
  - prone rowing at 0 and 45 degrees
  - initiate hand on wall rhythmic stabilization

**Week 7-8**

1. Control all exercises listed above
2. Progress ROM gradually
3. Range of Motion
  - ER/IR @ 45 degrees abduction
  - ER to 45 degrees
  - IR to 45 degrees
  - Abduction and flexion to 120-125 degrees

**II. Phase II - Intermediate Phase (Week 8-14)**

**Goals:** Progress to 70-80% of full ROM at week 10-12  
Increase strength  
Improve neuromuscular control

**Week 8-10**

1. Range of Motion Exercise  
L-Bar active assisted exercises:  
Flexion to 160-170 degrees  
ER at 90 degrees Abd to 75-80 degrees  
IR at 90 degrees Abd to 55 degrees
  
2. Strengthening Exercises  
Initiate isotonic dumbbell program
  - initiate thrower's ten program
  - sidelying ER
  - sidelying IR
  - shoulder Abduction to 90 degrees
  - supraspinatus (full can)
  - latissimus dorsi prone rowing
  - rhomboids horz. Abd (bent elbow)
  - biceps curls
  - triceps curls
  - plank stabilization positionContinue tubing at 0 degrees for ER/IR  
Continue stabilization exercises for the glenohumeral joint  
Scapular strengthening and neuromuscular exercises  
Continue axial loading exercises
  
4. Initiate Neuromuscular Control Exercises for Scapulothoracic Joint

**Week 10:**

AAROM & PROM exercises continued  
PROM/AAROM:  
ER at 90 deg abduction to 90-95 degrees  
IR at 90 deg abduction to 55-60 degrees  
Flexion to 180 degrees

**Week 11-14**

1. Continue all exercises listed above, emphasize neuromuscular control drills, PNF stabilization drills, and scapular strengthening.
2. Progress ROM to:
  - ER at 90 degrees ABD: to 115-120 degrees
  - IR at 90 degrees ABD: to 55-60 degrees (maximum)
3. Progress to advanced thrower's ten exercises program at week 12
4. Progress to Interval hitting program at week 12-14 (off tee, Physician needs to clear patient)

**III. Phase III - Dynamic Strengthening Phase (Week 14-22)**

\*\*Aggressive strengthening or stretching program based on type of patient.  
(Therapist and/or physician will determine.)

**Week 14-17**

**Goals:** Improve strength/power/endurance  
Improve neuromuscular control  
Prepare athletic patient for gradual return to sports

**\*\* Criteria to Enter Phase III:**

1. Full non-painful ROM  
\*\* Patient must fulfill this criteria before progressing to this phase.
2. No pain or tenderness
3. Strength 70% or better compared to contralateral side

**Exercises:**

Initiate Interval Throwing Program at week 16  $\geq$

- Advanced thrower's ten program  
\*\*Emphasis: Neuromuscular control drills, rotator cuff strengthening, scapular strengthening.
  - Continue tubing exercises for IR/ER at 0 degrees ABD (arm at side)
  - Continue isotonics:
    - for rhomboids and lower trapezius
    - for latissimus dorsi
    - for biceps
    - bilateral plank rhythmic stabilization
    - hand on wall rhythmic stabilization
  - Continue dumbbell exercises for supraspinatus and deltoid
  - Continue serratus anterior strengthening exercises push-ups floor
- Continue closed kinetic chain drills  
Continue trunk/LE strengthening exercises  
Continue neuromuscular exercises and proprioception drills

**Week 18-22**

- Continue all exercises above
- Emphasis on gradual return to restricted recreational activities

**IV. Phase IV - Return to Activity (Week 22-30)**

**Goals:** Progressively increase activities to prepare patient for full functional return

**Criteria to Progress to Phase IV:**

1. Full ROM
2. No pain or tenderness
3. Muscle strength test that fulfills criteria
4. Satisfactory clinical exam

**Exercise:**

- Continue strengthening exercises
- Fundamental shoulder strengthening exercises
- Core stabilization drills
- Endurance training