

ARTHROSCOPIC POSTERIOR BANKART REPAIR

I. PHASE I – PROTECTION PHASE (Week 0-6)

Precautions:

- Postoperative brace in 90 degrees abduction, 60 degrees external rotation for 4 weeks (physician will determine length of time and position)
- Brace must be worn at all times with the exception of exercise activity and bathing
- No activities above head or across body
- Must sleep in brace

Goals:

- Allow healing of repaired capsule
- Initiate early protected and restricted range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

A. Week 0-4

Cryotherapy:

- Ice before and after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.

Exercises:

- Gripping exercises with putty
- Active elbow flexion/extension wrist flexion/extension and pronation/supination
- AROM cervical spine
- Passive ROM progressing to active-assisted ROM
- Active-assisted ROM: (initiate AAROM at 4 weeks)
 - External rotation to tolerance at 90 degrees of abduction
 - Flexion to 90 degrees as tolerated
 - No IR for 6-8 weeks
- Submaximal shoulder isometrics
 - Flexion
 - Abduction
 - Extension
 - External rotation
 - Internal rotation
- Rhythmic stabilization drills ER/IR in scapular plane
- Avoid CKC exercises

**In general all exercises begin with 1 set of 10 repetitions and should increase by 1 set of 10 repetitions daily as tolerated to 5 sets of 10 repetitions.

B. Week 4-6

Goals:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation

Range of Motion Exercises:

*Remove shoulder brace at 4 weeks

- L-Bar active-assisted exercises
- ER at 90 degrees abduction to tolerance
- Shoulder flexion to tolerance to 90 degrees at week 4 then 125 degrees at week 6
- No IR for 6-8 weeks (unless physician specifies)
- Rope and pulley
 - Shoulder scaption to 90 degrees at week 4, 125 degrees at week 6
- All exercises should be performed to tolerance
- Do not push or aggressively stretch into IR, or horizontal adduction

Gentle Joint Mobilization to Re-establish Normal:

- Arthrokinematics
- Scapulothoracic joint motion
- Glenohumeral joint capsular mobility – avoid posterior glides
- May perform inferior and anterior glides at week 5-6
- Sternoclavicular joint motion

Strengthening Exercises:

- Exercise tubing ER/IR at 45 degrees abduction (IR to neutral rotation only)
- Active shoulder flexion (full can)
- Active shoulder abduction
- Isotonic biceps
- Scapular strengthening with arm at 0 or 30 degrees abduction
 - Prone horizontal abduction
 - Prone horizontal abduction with ER
 - Prone rowing
 - Prone extensions
- Rhythmic stabilization ER/IR and Flex/Ext
- Avoid CKC exercises

Proprioception and Kinesthesia Training:

- Initiate joint reposition training

Decrease Pain/Inflammation:

- Ice, NSAID, modalities

Brace:

- *Discontinue 4-6 weeks post surgery (per physician direction)

II. PHASE II – INTERMEDIATE PHASE (Week 6-12)

Goals:

- Gradually re-establish range of motion
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control
- Enhance proprioception and kinesthesia

A. Week 6-9

Range of Motion Exercises:

- L-Bar active-assisted exercises
 - ER at 90 degrees abduction to tolerance (should be 85-90 degrees by week 8)
 - Shoulder flexion to tolerance (165 by week 8)
 - IR at 90 degrees abduction to 30-45 degrees week 10
 - Rope and pulley: elevation in scapular plane

Strengthening Exercises:

- Tubing for IR/ER at 0 degrees abduction
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder scaption with ER (Full can)
 - Latissimus dorsi
 - Rhomboids
 - Biceps curl
 - Triceps push downs
 - Scapular muscle training
 - No push-ups or pushing movements
 - Serratus anterior punches
 - Prone row
 - Prone horizontal abduction
 - Prone horizontal abduction ER
 - Sidelying ER dumbbell
- Initiate Neuromuscular Control Exercises for Scapulothoracic Joint
- Progress proprioception training

B. Week 10-12

Continue all exercises listed above

Initiate:

- a) Active-assisted internal rotation at 90 degrees abduction
- b) Progress IR to 60-65 degrees at 90 degrees abduction
- c) Initiate push-ups into wall at week 12
- d) Emphasize muscle strength of ER, scapular region

Criteria to Enter Phase III:

1. Full, non-painful ROM
2. No pain/tenderness
3. Strength 70% contralateral side

III. PHASE III – DYNAMIC STRENGTHENING PHASE (Week 13-20)

Goals:

- Maintain/progress to full ROM
- Improve strength/power/endurance
- Improve neuromuscular control
- Enhance dynamic stability
- Improve scapular muscular strength

A. Week 13-20

Exercises:

- Continue isotonic program
- Continue trunk/LE strengthening and conditioning exercises
- Continue neuromuscular control exercises
- Machine resistance (limited ROM):
 - Latissimus dorsi pull downs
 - Seated row
 - Seated bench press
- May process CKC program:
 - Ball on wall
 - Pushup on unstable surface

B. Week 16-20

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

Criteria to Progress to Phase IV

1. Full ROM
2. No pain/tenderness
3. Satisfactory clinical exam
4. Satisfactory Isokinetic test

IV. PHASE IV – RETURN TO ACTIVITY (Week 21-28)

Goals:

- Progressively increase activities to prepare patient for unrestricted functional return

Exercises:

- Continue isotonic strengthening exercises outlined in Phase III
- Continue ROM exercises
- Initiate Interval Programs between 28-32 weeks (if patient is an athlete)