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# Arthroscopic Bankart Repair Guidelines

PHASE I. Week 0-2	MD Visit at Post-op day 2-4.		
SLING:	<ul> <li>Arm in sling at all times. May remove for dressing, hygiene. Take out of sling for arm exercises 2-4 times daily.</li> <li>Sleep with arm in sling.</li> </ul>		
ROM GUIDELINES:	<ul> <li><u>No</u> active use of arm</li> <li>* No extension past the plane of the body * No external rotation greater than</li> <li>0°; extensive repairs may require more restrictions.</li> </ul>		
SHOULDER EXERCISES:	<ul> <li>**Note: Exercise prescription is dependent upon the tissue healing process and <u>individual</u> functional readiness in <i>all</i> stages.</li> <li>If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedic doctor.</li> <li>PROM, AAROM within ROM guidelines</li> <li>Pendulum, Elbow and wrist AROM, Hand squeezing exercises</li> </ul>		
AEROBIC EXERCISE:	Stationary bike, elliptical machine, stair climber (all with sling on) for general conditioning.		
PHASE II: PROTECTIO	ON PHASE: Week 2-4		
Initial rehabilitation appo	intment and MD follow-up at 1-2 weeks post-op.		
SLING:	<ul> <li>Arm in sling when out in public. At home, in safe environment, ok to wean sling.</li> <li>May remove sling for table-top activities within pain tolerance: eating, brushing teeth, writing, occasional keyboard use.</li> </ul>		
ROM GUIDELINES:	<ul> <li>Sleep with arm in sling. If uncomfortable, begin to wean off sling when sleeping.</li> <li>AROM OK for ADL's to chest height only (at home, in safe environment).</li> <li>Goal at 4 weeks: - ER 30 degrees at 0 and 90 degrees of abduction.</li> <li>Full Internal Rotation, Abduction to 90 degrees.</li> <li>Extension and Flexion as tolerated.</li> </ul>		
EXERCISES:	Continue with pendulum and elbow ROM exercises.		
	PASSIVE, AAROM, and AROM within above guidelines.		
	Start: Submaximal Isometrics, Scapular stabilization, light weight-bearing		
AEROBIC EXERCISE:	exercise. *OK to start other resistance exercise within ROM guidelines if patient is able to tolerate. Must be able to do 20 reps flexion and scaption with normal mechanics before adding weight through those motions. Stationary bike, elliptical machine, stair climber (all with sling on) for general		
	conditioning.		

# PHASE III: PROTECTION PHASE: Week 4-6

SLING:	Wean out of sling over week 4 – 5.	
ACTIVITY:	AROM OK for ADL's (per guidelines below).	
ROM GUIDELINES	Goal at 6 weeks: - ER 45 degrees at 0 and 90 degrees of abduction.	
	<ul> <li>Full flexion and internal rotation.</li> </ul>	

	<ul> <li>Abduction and extension as tolerated.</li> </ul>	
EXERCISES:	OK to progress resistance within ROM guidelines, as tolerated	
AEROBIC EXERCISE:	Stationary bike, elliptical machine, stair climber with arm supported for gener	
	conditioning.	

### PHASE IV: BEGINNING STRENGTHENING & ENDURANCE PHASE: 6-8 weeks

ROM GUIDELINES:	Work toward full AROM flexion, abduction, IR.	
	End ER goal should be to get 90 degrees of motion at 90 degrees of abduction.	
EXERCISES:	SHOULDER ROM EXERCISES AS NEEDED	
	PROPRIOCEPTIVE NEUROMUSCULAR TRAINING EXERCISES	
	Advance as tolerated closed chain – sport specific.	
	*Perform these in ranges of less than 90 degrees elevation and in neutral rotation.	
	*Exercises may include: Wall Ball drawing, Scapular Clock, Closed Chain quadruped	
	balancing.	
AEROBIC	Stationary bike, Stairmaster, Elliptical, etc.	
CONDITIONING:	Ok to start gradual running program	
CRITERIA FOR PROGRESSION TO PHASE V:		
	1. 90% FAROM	
	2 Pain free ADLs	

- 2. Pain free ADLs
- 3. 90% Strength per manual muscle testing

#### PHASE V: ADVANCED STRENGTHENING & BASIC FUNCTIONAL PHASE: (8 – 12 weeks)

#### 1. ROM EXERCISES AS NEEDED

End ER goal should be to get 90 degrees of motion at 90 degrees of abduction.

#### 2. CUFF AND SCAPULAR PREs

Emphasis is on muscle fatigue. Perform exercises to fatigue 3 times per week.

\*Move progressively into overhead positions.

\*Emphasis on rotator cuff eccentric exercises.

OK to begin pushup progression.

#### 4. PROPRIOCEPTIVE NEUROMUSCULAR TRAINING EXERCISES

- 1. Rhythmic stabilization/mm co-contraction in overhead / functional positions.
- 2. Plyometrics (i.e., Rebounder: one-hand side arm throw, two-hand chest pass, two-hand side throw with trunk rotation) (Emphasis on proper mechanics and accuracy, NOT velocity).

3. Closed chain exercises progress to unstable surfaces.

#### 5. FUNCTIONAL TRAINING

Instructions: **<u>Under the therapist's guidance.</u>**. Generally, no "overhead" activities are done and activities <u>must</u> <u>**be pain free.**</u> Begin each exercise at a submaximal level and progress the intensity level slowly as tolerated.

Basketball – Dribbling, pass and catch (No overhead), shooting in the key Racquetball, tennis, ping pong – forehand and backhand (No overhead)

Football catch and underhand throw

Volleyball – bumping, setting, and underhand serve

## PHASE VI: FUNCTIONAL PHASE (12-16 WEEKS)

EXERCISE: Pre-Throwing exercise

Progress to throwing progression as tolerated

## FUNCTIONAL PHASE (16-20 WEEKS / 4 – 5 months)

EXERCISE:

Overhead throw with good mechanics. Progress endurance throwing exercise as tolerated.

# **Bankart Repair Activities List**

Running	6-8 weeks
Stationary Bike	0-2 weeks with sling on
Elliptical	0-2 weeks with sling on
Stair stepper	0-2 weeks with sling on
Basketball dribbling, pass, catch (no overhead)	8-10 weeks
Basketball - Dribbling, passing and catching, shooting,	12-16weeks
rebounding	
Racquetball, tennis – forehand, backhand, overhand,	16-20 weeks
serving	
Football catch and underhand throw	8-10 weeks
Football catch / throw	16-20 weeks
Volleyball bump, set, underhand serve	8-10 weeks
Volleyball - bumping, setting, serving, spiking	16-20 weeks
Swim - kickboard at chest, arm at side, modified stroke	4-6 weeks
drills	
Swim - normal mechanics (dependent on ROM)	12-16 weeks
Ski / Snowboard	4 months
Hike	4 weeks
Most contact sports (check with MD, if questions)	4 months