

ANTERIOR BANKART RECONSTRUCTION (Arthroscopic) REHABILITATION PROTOCOL

Phase I: Protection Phase/Immediate Motion (0 – 6 Weeks post-op)

0-3 Weeks post-op:

- ☐ Sling for 3-4 weeks (or otherwise specified per MD order)
- ☐ AROM: Elbow, wrist, hand, and scapulothoracic. NO ACTIVE ROM of Glenohumeral Joint
- ☐ Week 1 initiate therapist directed light manual IR/ER at neutral isometric rhythmic stabilizations supine to prevent rotator cuff shut down (defer until 6 weeks post-op if concomitant rotator cuff repair)
- ☐ AROM scapular clock
- ☐ Home program review/Posture Education
- ☐ Pain control modalities (ice, e-stim)

3 Weeks post-op:

- ☐ Codman's pendulums initiated 3 weeks post-op (or otherwise specified per MD order)
- ☐ PROM/AAROM: PT manual PROM and Wand exercises
 - Flexion to 115° - 135°
 - ER/IR: ER to 45°, IR to 45° @ 40° Abd in scapular plane
- ☐ AROM: Elbow, wrist, hand
- ☐ Strengthening: Shoulder Isometrics (submaximal, subpainful). Shoulder Flx, Ext, IR, ER, Abd.
- ☐ Continue therapist directed light IR/ER at neutral rhythmic stabilizations
- ☐ Joint Mobilization (I, II) to GH, ST, AC, SC as needed
- ☐ Pain control modalities (ice, e-stim) as needed

4-5 Weeks post-op:

- ☐ PROM/AAROM: PT manual PROM, Pendulum, Wand, and Pulley exercises
 - Flexion to 165°
 - ER/IR: ER to 65°-75°, IR to 60° @ 40° Abd in scapular plane
- ☐ Strengthening: Continue shoulder isometrics
- ☐ Progress therapist directed light rhythmic stabilizations to 90° of elevation along with IR/ER at neutral supine (defer until 6 weeks post-op if concomitant rotator cuff repair)
- ☐ Pain control modalities (ice, e-stim) as needed

5-6 Weeks post-op:

- ☐ PROM/AAROM: PT manual PROM, Wand and Pulley exercises
 - Flexion to 170°-180°



Home to the Texas Rangers

- ER to 75°-90° @ 40° Abd in scapular plane, progress to max of 80° ER @ 90° Abd
- Strengthening: Continue shoulder isometrics
 - Manual rhythmic stabilizations for co-contraction training
- Pain control modalities (ice, e-stim) as needed

Phase II: Intermediate Repair Phase (6 -12 Weeks post-op)

6-8 Weeks post-op:

- PROM/AAROM/AROM: Therapist manual PROM, Wand, and Pulley exercises. Progress to full ROM by 7-8 weeks post-op. If patient not progressing with ROM, please notify physician by week 8.
 - Flexion to 180°
 - ER to 90° plus @ 90° abduction (if dominant arm of throwing athlete, need to obtain necessary amount of ER @ 90° based on pre-op measurements or compared to total arc of motion of contralateral side). Wand stretches @ ER (90) WITHOUT towel prop under upper arm to assist with therapeutic stretch to anterior shoulder.
 - May need to initiate anterior shoulder stretching to obtain necessary ER (90) motion required for thrower's via pec doorway stretching at 90° and 115° and horizontal abduction shoulder wall stretches. Stop after necessary amount of motion is achieved to avoid overstretching of anterior capsule. If non-throwing arm and collision athlete, completing anterior shoulder stretching is not warranted and should be avoided.
 - May progress to posterior shoulder/capsule and inferior capsule stretching as needed.
 - IR to 70° @ 90° abduction (this ROM requirement could be significantly less based on total arc of motion of contralateral side)
 - AROM: Initiate scaption below 90° at 6 weeks, no weight
 - Initiate UBE or Upper Body Row Ergometer 6 weeks
- Strengthening: avoid scapular hiking/winging, stay below horizontal plane
 - IR/ER @ modified neutral with tubing
 - Initiate Isotonic dumbbell exercises: *patient must be able to elevate arm without scapular hiking before initiating isotonic: if unable then continue with humeral head stabilizing exercises.* Progress 1 pound/wk with max of 3-5 pounds based on progress and size of athlete.
 - flexion to 90°
 - scaption to 90°
 - elbow flexion/extension
 - scapulothoracic muscles
- Add supine protraction, sidelying ER to neutral, prone row, prone scapular retractions with shoulder extension not going past plane of body to protect repaired anterior structures.
- Joint Mobilization as needed

9-12 Weeks post-op:

- Continue with all previous activities.
- Initiate closed chain strengthening (serratus CKC plus progression), prone Y, T, W, L scapular exercises, proprioceptive exercises such as BodyBlade and Ball on Wall type of exercises.
- May initiate Isokinetic IR/ER in modified neutral position (high speed/high reps)
- Advance therapist directed manuals and rhythmic stabilization exercises respecting healing structures

Phase III: Advanced Strengthening Phase (12 - 16 Weeks post-op)

12-15 Weeks post-op:

- ❑ Continue with all ROM, flexibility, stretching activities as needed
- ❑ Strengthening: continue isotonic and isokinetic strengthening program (progress to 90/90 for throwers)
- ❑ Initiate plyometrics (2 handed chest pass -> 2 handed overhead -> 2 handed chops-> to 1 handed 90/90)
- ❑ Initiate D2 thrower's BodyBlade pattern for throwers
- ❑ Initiate applicable interval sport program with consultation with physician (interval hitting, light sports without overhead throwing/movement, etc.)
- ❑ Progress with return to weight training program with anterior shoulder protection precautions. (no bar dips, overhead shoulder press, bench press or pec flies past plane of body, back squats, Olympic style lifts)

16 Weeks post-op:

- ❑ Continue with all ROM, flexibility, stretching, strengthening and plyometric exercises
- ❑ Initiate interval sport program (throwing) if adequate ROM and cleared by physician

Phase IV: Return to Activity Phase (16 – 24 weeks post-op)

- ❑ Continue with established strength and flexibility programs
- ❑ Continue to comply to interval sport program with gradual return to recreation/sport
- ❑ Criteria for return to play:
 - Satisfactory ROM, Strength, and Clinical Exam
 - Satisfactory completion of interval sport program
 - Physician approval