Northwest Ohio Orthopedics and Sports Medicine
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NWO Therapy Department

Rehabilitation Guidelines for Bankart Repair

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to check with the surgeon/operative report regarding progression. The therapist needs to take into consideration multiple variables including: mechanism of injury, tear location, repair type, tissue quality, and patient characteristics including comorbidities, age, goals, and expectations. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used to reference.

- Notify the surgeon ***immediately*** of any concerns for infection, edema, or significant variation in expected progression/outcomes.
- **Pre-Op**
  - Measure and fit with thigh high TED hose
  - Provide Smart sling
  - Post-operative instructions and education from surgery date to initial physical therapy appointment
- **Phase I: 0-6 weeks**
  - Goals:
    - Protect integrity of repair
    - Achieve staged ROM goals
    - Decrease pain and inflammation
    - Patient education of precautions
  - Precautions:
    - Avoid stretching shoulder beyond ROM goals
    - No lifting
    - No excessive stretching
    - No sleeping on surgical side
    - No sudden movements
    - Continue with sling with abductor pillow
  - Interventions:
    - 0-3 weeks
      - Pendulums
      - ROM of the distal joints as necessary
      - PROM goals

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- Forward flexion 90°
- External rotation at 20° of abduction 10-30°
- External rotation at 90° abduction – contraindicated

- D/C PROM if ROM goals are achieved and patient presents with hyperelasticity

➢ 3-6 weeks
- Pendulums
- Submaximal, sub painful isometrics (no IR if subscapularis reattached)
- PROM goals
  - Forward flexion 135°
  - External rotation at 20° of abduction 35-50°
- D/C PROM if ROM goals are achieved and patient presents with hyperelasticity
  - **Note:** goal is to stabilize shoulder, if patient presents with excessive range of motion or mobility beyond these guidelines then may need to decrease activities, many patients will not require any passive range of motion and will only require intermittent checks

❖ **Phase II: 6-12 weeks**

➢ Goals:
- Protect repair
- Maintain ROM goals
- Initiate strength and neuromuscular control
- Decrease pain and inflammation
- Patient education

➢ Precautions:
- Avoid stretching shoulder beyond ROM goals
- Do not overstress healing tissue
- No heavy lifting

➢ Interventions:

➢ 6 – 9 weeks
- AAROM within ROM goals
- Scapular stabilization
- Rotator cuff strengthening (no internal rotation if subscapularis reattached)
- PROM goals:
  - Forward Flexion 155°
  - External Rotation at 20° abduction 50-65°
- d/c PROM if ROM goals are achieved and patient presents with hyperelasticity

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- AROM
  - Forward Flexion 145°

➢ 9 – 12 weeks
- PROM goals:
  - Forward Flexion WNL
  - External Rotation at 20° abduction WNL

❖ **Phase III: 12-24 weeks**

➢ Goals:
- Full AROM/PROM
- Improve strength, endurance, neuromuscular control
- Return to ADL's, work, and recreational activites

➢ Precautions:
- Avoid heavy stress/load to the anterior capsule
- Avoid compensatory kinematics throughout therapeutic exercise

➢ Interventions:
- Scapular stabilization
- Rotator cuff strengthening/endurance
- Work specific activities
- Sport specific activities

❖ Each patient is an individual and should be treated as such. Work together with the referring orthopedic for optimal patient outcome.

References:

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Leggin B, Kelley M, Williams G. Postoperative Management of the Shoulder. Postoperative Mangement of Orthopaedic Surgeries: Independent Study Course 15.2.6; 2005.