

ARTHROSCOPIC BANKART REPAIR PROTOCOL

Weeks 0 to 2:

1. Immobilization with sling/swathe on at all times, except bathing
2. ROM limits to: 90 flexion, 45 abduction, 0 external rotation, 20 extension
3. Sling may be removed for gentle passive abduction, flexion, external rotation 2 times per day. Abduction and external rotation are performed 20 to 30 degrees of horizontal adduction. DO NOT force external rotation.
4. Active elbow and wrist AROM Flexion and Extension 3x/day minimum
5. May squeeze sift ball
6. Cryocuff and/or ice for pain

Weeks 2 to 6:

1. Sling must be worn while at school, in crowds, riding in a car, and while sleeping. ROM limits to: 90 flexion, 90 pure abduction, 30 external rotation at side, 20 extension
2. Continue gentle ROM exercises with emphasis on protecting the anterior capsule
3. PROM and AAROM (wand pulley) within pain tolerance and limits
4. Active internal rotation with the arm at the side
5. Active external rotation from full internal rotation to 0 degrees rotation using surgical or rubber tubing as tolerated. Full active external rotation is NOT ALLOWED in this phase as this will place stress on the anterior capsule.
6. Active shoulder extension in the prone position. Only extend the arm until it is level with the trunk.
7. Shoulder shrugs
8. Gentle rotator cuff strengthening
9. General soft tissue and joint mobilization
10. Modalities as indicated for pain or inflammation
11. By 4 to 5 weeks post-surgery, progress to side lying external rotation exercises, supraspinatus strengthening exercises, and shoulder abduction to 90 degrees

Weeks 6 to 8:

1. Continue strengthening exercise with emphasis on the rotator cuff muscles.
2. Shoulder flexion strengthening exercises
3. Horizontal adduction (from 15 to 20 degrees horizontal adduction to 90 degrees).
4. Upper body ergometer for endurance training beginning at low resistance.

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Weeks 8 to 16:

1. Discontinue sling
2. ROM limits to: 60 external rotation; full flexion, abduction, and extension
3. Progress PROM and AROM as tolerated
4. Progress with weights as tolerated (i.e. shoulder flexion, abduction, extension, supraspinatus, etc.).
5. By two months, patient should have fun range of motion.
6. At two months. Continue emphasis on strengthening the rotator cuff musculature.
7. May include isokinetic strengthening and endurance exercises at the faster speeds (e.g., 240°/sec) for shoulder flexion and abduction.
8. At 2 to 2-1/2 months, add push-ups lowering the body until the arms are level with the trunk. Begin with wall push-ups, progressing to modified (on the knees) and then military push-ups (on the toes). The arms are positioned at 70 to 80 degrees of abduction. DO NOT lower the body causing the arms to go past the body which would stress the anterior capsule.
9. Horizontal abduction
10. Joint mobilization for scapula and glenohumeral mobility
11. Strengthening exercises for scapular stabilizers and rotator cuff within pain-free ranges. May include PRE's, PNF, and weight equipment. Emphasis of strengthening on high reps and low weight, with postural awareness.

Weeks 16 to 24:

1. Range of motion-self-stretching program
2. Progress independent strengthening program
3. Continue progressing weights. May add isokinetic strength training at different speeds with emphasis at the higher speeds. Position the arm in by the side for internal and external rotation
4. Perform first isokinetic test over a 3 day period.
5. If the isokinetic test indicates adequate strength and endurance (70% or above) begin with tossing In the Throwing Program.
6. Reinforce postural awareness, quality of exercise technique, and proper PRE progression
7. Coordination sports specific training to begin return to normal function

9 Months:

1. Possible return to full strength throwing and contact sport, depending on strength and physician assessment
2. Continue progressive weights. May add isokinetic strength training at difference speeds with emphasis at the higher speeds. Position the arm in by the side for internal and external rotation