

## Anterior Stabilization/ Bankart Repair

### Precautions:

Avoid combined ER/AB. At 10 weeks if the patient needs combined ER/AB call MD for permission to start this activity. All advanced exercises need to follow the phase ROM restrictions.

### Phase I (s/p 1 – 5 days)

Goals:

- Maintain the integrity of the repair
- Gradually increase passive range of motion
- Diminish pain and inflammation
- Prevent negative effects of immobilization
- Wound: Monitor surgical site.
- Sling: Ultra sling to be worn continuously, except in therapy or during exercise sessions.
- AROM: Elbow, wrist and hand
- PROM: None
- Modalities: prn

### Phase II (5 days – 4 wks)

- Wound: Monitor site/Scar management techniques
- Sling: Ultrasling worn continuously, except in therapy or during exercise sessions, until s/p 4 weeks. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks.

### Week 2:

- Pendulum exercises 4 – 8 times daily (flexion and circles)
- Scapular retraction (no resistance)
- PROM restrictions within patient tolerance or to a maximum of:
  - Flexion to 120
  - Abduction to 90
  - ER/IR in scapular plane (no pain or resistance)
  - IR not to exceed 45 degrees and ER not to exceed 30 degrees
- Strengthening:
  - Elbow, Wrist and hand AROM
  - Fitness exercises limited to recumbent bike
  - Sub maximal & pain free isometrics (elbow bent) at 25% effort
- Joint Mobs: Glenohumeral joint mobilization grade I/II for pain control
- Modalities: PRN for pain and inflammation

### Phase III (s/p 4 – 10 weeks)

- Sling: D/C sling use at home. Sling must continue to be work outdoors or in public settings for an additional 2 weeks. D/C sling at 6 weeks.
- ROM: Gradually restore full PROM and AROM by 10 weeks (see progression below)
  - Weeks 4-6: AAROM gradually progressing to AROM
  - Weeks 6-10: Gradually progress to full AROM

- Strength: (continue to avoid combined Abd/ER throughout Phase III)
  - Weeks 4-6: Submax isometrics 50-75%, AAROM progressing to AROM strengthening
  - Weeks 6-8: AROM shoulder and periscapular region gradually progressing to include light resistance
  - Week 8-10: Progressive resistive exercises for the shoulder and periscapular region, bodyblade and rhythmic stabilization exercises

#### **Phase IV (10 + weeks)**

- Goals
  - Full AROM in all planes
  - Strength to enable return to work/sport
  - Good scapulohumeral rhythm (may use biofeedback)
- ROM:
  - Avoid combined external rotation and abduction unless athlete needs this specific ROM for sport or patient lags significantly behind ROM goal for the stage ( please contact MD before beginning external rotation and abduction)
- Strengthening: Advance as tolerated all shoulder musculature.
  - Can include plyometric, closed chain/weight bearing stabilization, and proprioceptive training routines. (2 handed plyometrics at 10 weeks and progress to single handed at 12 weeks)

#### **16 + weeks**

- Athletes can begin a return to throwing program (contact MD before beginning throwing program)
- Gradual resumption of supervised sport specific exercise (contact MD before beginning throwing program)
- Return to non-contact sports possible for some athletes by 3 months
- Contact/collision sport after 6 months if athlete is compliant
- Max medical improvement for athletic activities by 12 months post op
- No weight training until s/p 8 months

- 1.) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2.) Wilk KE, Reinold MM, Andrews, JR. Rehabilitation Following Arthroscopic Anterior Shoulder Plication in the Overhead Athlete. Winchester MA: Advanced Continuing Education Institute, 2004.