



## Conservative Bankart Lesion

### Precautions:

- Avoid placing the joint capsule under stress by stretching into abduction or ER during the early phases of rehabilitation, until dynamic joint stability is restored.
- Avoid activities in extreme ROM's early in the rehabilitation process

### Factors affecting recovery time:

- Severity of symptoms
- Length of time instability has presented
- Age and activity level of patient
- ROM/strength status
- Desired goals and activities

### Phase I (Acute Motion Phase)

- Goals and requirements to progress to next phase:
  - Establish pain-free ROM
  - Decrease pain and inflammation
  - Establish good scapulothoracic rhythm
  - Improve proprioception
- Decrease Pain/Inflammation:
  - Sling as needed for comfort
  - Therapeutic modalities (ice, compression, e-stim)
  - Grade I/II joint mobilizations for pain control
    - **DO NOT STRETCH THE JOINT CAPSULE**
- Range of Motion Exercises:
  - Gentle ROM only, no stretching
  - Pendulums
  - Rope and pulley exercises
    - In the scapular plane as tolerated
  - AAROM exercises
    - Flexion
    - IR/ER with arm abducted to 30 degrees
    - Progress to 45 then to 90 degrees of abduction
    - **DO NOT PUSH INTO ER OR HORIZONTAL ABDUCTION OR COMBINED ER/ ABDUCTION**
- Strengthening/Proprioception Exercises:
  - Isometrics (arm at side)
    - Flexion
    - Abduction
    - Extension
    - IR (multi-angles)
    - ER (scapular plane)
    - Biceps
    - Scapular retraction/protraction and elevation/depression



- o Rhythmic Stabilization
  - ER/IR in scapular plane
  - Flexion/extension at 100 degrees of flexion, 20 degrees of horizontal abduction
  - Scapular protraction/retraction, shrugs, depression
- o Weight shifts (CKC in scapular plane)
- o Proprioceptive drills

### **Phase II (Intermediate Phase)**

- Goals and requirements to progress to next phase:
  - o Regain and improve muscle strength
  - o Normalize arthrokinematics
  - o Improve proprioception
  - o Improve neuromuscular control of the shoulder complex
  - o Normal scapulothoracic rhythm with AROM below 90 degrees
- Initiate Isotonic Strengthening
- Emphasis on ER and Scapular Strengthening
  - o ER/IR theraband exercises
  - o Scaption with ER (full can)
  - o Abduction to 90 degrees
  - o Sidelying ER to 45 degrees
  - o Shoulder shrugs
  - o Prone extension to neutral
  - o Prone horizontal adduction
  - o Prone rowing
  - o Lower trapezius
  - o Biceps
  - o Wall/table pushups
  - o Triceps
- Improve neuromuscular control of the Shoulder Complex
  - o Initiation of PNF
  - o Rhythmic stabilization drills
    - ER/IR at 90 degrees of abduction
    - Flexion/extension/horizontal abduction (neutral rotation) at 100 degrees of flexion, and 20 degrees of horizontal abduction
    - Progress to mid and end ROM
  - o Progress OKC program
    - PNF
    - Manual resistance ER (supine then sidelying,) prone row
    - ER/IR using Theraband with stabilization
  - o Progress CKC exercises with rhythmic stabilization
    - Wall stabilization on ball
    - Static holds in pushup position on ball
    - Pushup on rocker board



- o Core stabilization
  - Abdominal strengthening
  - Trunk/low back strengthening
  - Gluteal strengthening
- Modalities
  - o Continue as needed for pain control

### **Phase III (Advanced Strengthening Phase)**

- Goals:
  - o Improve strength/power/endurance
  - o Improve neuromuscular control
    - Enhance dynamic stabilization
  - o Prepare patient/athlete for activity
  - o Full/normal ROM
- Criteria to progress to Phase III:
  - o Full pain-free ROM
  - o No palpable tenderness
  - o Good to normal muscle strength and scapulothoracic rhythm through full ROM
- Strengthening (PRE's):
  - o Continue previous exercises
  - o Progress to end-range stabilization
  - o Progress to full ROM strengthening
  - o Progress to bench press (upper arms to parallel to floor only)
  - o Progress to machine rowing and lat pull downs in restricted ROM
- Emphasize PNF
- Advanced neuromuscular control drills (for athletes):
  - o Pushups on ball or rockerboard with rhythmic stabilization
  - o Manual scapular control drills
- Endurance training:
  - o Timed bouts of exercise 30-60 seconds
  - o Increase reps
  - o Multiple bouts throughout day (3x)
- Initiate plyometric training:
  - o 2-hand drills
    - Chest pass
    - Side to side
    - Overhead
  - o Progress to 1-hand drills
    - 90/90 throws
    - Wall dribbles
- Modalities:
  - o As needed

#### **Phase IV (Return to Activity Phase)**

- Goals:
  - Maintain optimal level of strength/power/endurance
  - Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport
- Criteria to progress to Phase IV:
  - Full ROM
  - No pain or palpable tenderness
  - Satisfactory isokinetic test
  - Satisfactory clinical exam
- Continue all exercises in Phase III
- Initiate Interval Sport Program (as appropriate)
- Modalities:
  - As needed

#### **Follow Up**

- Isokinetic test
- Progress Interval Program
- Maintenance of Exercise Program

#### Adapted From:

- 1.) Brotzman SB, Wilk, KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003.
- 2.) Wilk, KE. Advanced Continuing Education Institute, LLC. Non-Operative Rehabilitation A traumatic Shoulder Instability. 2004.