

Posterior Stabilization/Bankart Repair

Phase I (s/p 1 - 5 days post op)

- Wound care: monitor surgical site
- Modalities: prn
- ROM: elbow, wrist and hand
- Edema: edema control interventions
- Sling: to be worn continuously, except in therapy or during exercise sessions
- Strengthening: none

Phase II (s/p 5 days – 4 weeks)

- Wound care: monitor site/scar management techniques
- Edema: edema control interventions
- Sling: to be worn continuously, except in therapy or during exercise sessions
- PROM
 - o Flexion to 90 degrees
 - o Abduction to 90 degrees
 - o ER at 45 degrees abduction to 30 degrees
 - o IR at 45 degrees abduction to 15-25 degrees
- Strengthening
 - o elbow, wrist and hand AROM
 - o fitness exercises limited to recumbent bike
- 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 worn outdoors or in public settings for an additional 2 weeks. D/C sling at 6 weeks.
- ROM: (4-6 weeks)
 - o Progress AAROM
 - o IR at 45 degrees abduction to 35 degrees
- Strengthening (4-6 weeks)
 - o Isometric strengthening with elbow at 90 degrees and arm at side
 - o Scapular stabilization exercises
- ROM: (6-10 weeks)
 - o Progress A/PROM to WNL's for patient by 10 weeks, except IR at 45 degrees abduction to 35 degrees
- Strengthening (6-10 weeks)
 - o Light theraband at 0 degrees abduction
 - o Progress to resisted strengthening with dumbbells
 - o Initiate body blade and rhythmic stabilization

continued



Geoffrey Van Thiel, MD
www.vanthielmd.com

Phase IV (s/p 10+ weeks)

- ROM (12 weeks)
 - Start full IR ROM and capsular stretching
 - Goal of full AROM in all planes
- Strengthening
 - Advance as tolerated all shoulder musculature
 - Can include plyometric 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 it).
- Gradual resumption of supervised sport specific exercise
- 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 8 months post-op

Adapted From:

1.) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby, 2003