OrthoIllinois REHABILITATION

Anterior Stabilization/Bankart Repair

*If surgery was performed by Dr. VanThiel, please see www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols for therapy protocol.

Precautions: *Avoid* combined ER/ABDUCTION. At 10 weeks, if the patient needs combined ER/Abduction, call physician for permission to begin this activity. *Avoid* resisted ER. All advanced exercises need to follow the phase ROM restrictions.

*If remplissage procedure is performed, use this same protocol, but progress at a slower rate, per patient tolerance. Follow physician's special instruction and contact physician with any questions.

*Do not overstretch healing tissues.

*Anterior stabilization progresses faster than posterior stabilization

Phase I (1 – 5 days post-op)

- Goals:
  - Maintain integrity of the repair
  - Gradually increased PROM
  - Diminish pain and inflammation
  - Prevent muscular inhibition
- Wound care: Monitor surgical site
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling: Ultrasling to be worn continuously except in therapy or during exercise sessions
- ROM: AROM of elbow, wrist, and hand. NO PROM of the shoulder.

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor site/scar management techniques
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling:
  - Unitl 4 weeks, Ultrasling to be worn continuously except in therapy and during exercise sessions
  - Until 6 weeks, continue to wear sling outdoors or in public settings, but may remove abduction pillow

- ROM:
    - At 2 weeks PROM:
        - Flexion: to 120 degrees
        - Abduction: to 90 degrees
        - ER at 0 degrees abduction to 30 degrees
        - IR at 45 degrees abduction to 45-60 degrees
- Exercises:
    - At 2 weeks:
        - Pendulum exercises 4-8 times daily in flexion and circles
        - Scapular retraction with NO resistance
        - Table walkouts within ROM limitations
    - Elbow, wrist, and hand AROM
    - Fitness exercises limited to recumbent bike
    - Sub-max and pain free isometrics (elbow bent) at 25% effort
        - If subscap repair, use caution and see subscap protocol
    - UBE at low resistance
    - GH joint mobilizations grade I/II for pain control

Phase III (4 weeks – 10 weeks post-op)

- Goals:
    - Allow healing of soft tissue
    - Do NOT overstress healing tissue
    - Gradually restore full PROM (week 4-10) and AROM (week 6-10)
    - Decrease pain and inflammation
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling:
    - At 4 weeks, D/C sling use of home.
    - Until 6 weeks, sling must continue to be worn outdoors or in a public setting. D/C sling at 6 weeks
- ROM:
    - At 4 weeks:
        - Gradually progress PROM, flex/abd to 145 degrees as tolerated
        - Begin AAROM into flex/abd to 140 degrees, gradually progressing to AROM as tolerated

    - At 6 weeks:
        - Continue progressing AAROM/AROM
            - flex/abd to 145 degrees
            - ER at 45 degrees abduction to 55-60 degrees
            - IR at 45 degrees abduction to 55-60 degrees
    - At 8 weeks:
        - Progress to full AROM
- Exercises/Strengthening:
    - At 4 weeks:
        - 50% effort for isometric exercises, with elbow at 90 degrees of flexion
        - Begin light UBE
    - At 6 weeks:
        - Prone scapular stabilization
    - At 8 weeks:
        - Add neuro re-education, rhythmic stabilization, PNF, body blade
        - Light resistance strengthening and theraband (avoid combined abduction/ER)

Phase IV (10+ weeks post-op)

- Goals:
    - Full non-painful AROM in all planes
    - Full strength to enable return to work/sport
    - Good scapular-humeral rhythm and stability (may use biofeedback)
    - 80-90% normal strength
- ROM:
    - Avoid combined ER/Abduction unless athlete needs this specific ROM for sport or patient lacks significantly behind ROM goal for the stage (contact physician PRIOR to beginning ER/Abd combo)

- Strengthening:
    - Advance as tolerated all shoulder musculature
        - Can include plyometric and proprioceptive training routines
            - At 10 weeks, 2 handed plyometrics
            - At 12 weeks, progress to single handed plyometrics

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Phase V (16+ weeks post-op)

- Athletes can begin a return to throwing program (contact physician PRIOR to beginning throwing program)
- Gradual resumption of supervised sport specific exercise (contact physician PRIOR to beginning throwing program)
- Return to non-contact sports possible for some athletes by 3 months
- Contact/collision sports after 6 months, if patient is compliant
- Max medical improvement for athletic activities by 12 months post-op
- No weight training until 8 months
    - In general, avoid wide grip bench press, military press, and lat pull downs
    - Recommend all resistance training follow low weight and high repetition

Adapted From:

1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003.
2) Wilk KE. Arthroscopic Anterior Bankart Repair. Advanced Continuing Education Institute, LLC. 2019.
3) Wilk KE. Arthroscopic Revision Anterior Bankart Repair. Advanced Continuing Education Institute, LLC. 2019.
4) Brigham and Women's Hospital: Arthroscopic Anterior Stabilization (with or without Bankart repair)
5) JOSPT. Volume 4, Number 3. March 2010. Pg. 159-168

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