



Bradley Smith, MD
5316 S. Woodrow St. #200
Murray, UT 84107
Office: (801) 747-1020
Fax: (801) 747-1023
bradleysmithmd.com



Rehabilitation Protocol for Shoulder Arthroscopic Bankart Repair

Procedures Performed:

- ☐ Anterior labral/Bankart repair
- ☐ Posterior labral repair
- ☐ Bony Bankart repair
- ☐ HAGL (Humeral Avulsion of the Glenohumeral ligament) repair
- ☐ Remplissage
- ☐ Biceps tenodesis
- ☐ Rotator cuff repair (posterolateral)
- ☐ Subscapularis repair
- ☐ Other _____

Specific Case Complexity and Limitations:

- ☐ Primary Procedure
- ☐ Revision Procedure

Comments:

Pace of Protocol:

- ☐ ROUTINE
- ☐ ACCELERATED
- ☐ LESS-AGGRESSIVE

Comments:

PHASE I: IMMEDIATE POST-OP (0-3 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Protect surgical repair • Reduce swelling, minimize pain • Maintain UE ROM in elbow, hand and wrist • Enhance scapular function • Gradually increase shoulder PROM • Minimize muscle inhibition • Patient education
Sling	<ul style="list-style-type: none"> • Sling on at all times, only remove for showering and therapy including elbow and wrist ROM <ul style="list-style-type: none"> ◦ Neutral Rotation, 30-45 degrees abduction ◦ Sleep in sling for 6 weeks ◦ Shower with arm by your side
Precautions	<ul style="list-style-type: none"> • No carrying objects until 12 weeks post-op • No shoulder AROM • No lifting objects • No reaching behind back • No supporting body weight with hands • Can shower after 48 hours <ul style="list-style-type: none"> ◦ Do NOT get into a bathtub, pool or spa until sutures are removed and wound is healed • Avoid abduction/external rotation activity to avoid anterior inferior capsule stress
Interventions	<p><i>Pain/Swelling Management</i></p> <ul style="list-style-type: none"> • Ice, compression <p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> • Wrist AROM <ul style="list-style-type: none"> ◦ Flexion ◦ Extension ◦ Radial and Ulnar deviations • PROM: Begin week 2 <ul style="list-style-type: none"> ◦ Flexion < 90 degrees ◦ Pendulums ◦ Seated GH flexion table slide ◦ External rotation in scapular plane to < 20 degrees • AAROM: Begin week 3 <ul style="list-style-type: none"> ◦ Supine flexion with cane and self-support to 90 degrees ◦ Cane ER to <20 degrees <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Ball Squeezes • Week 2: <ul style="list-style-type: none"> ◦ Scapular retraction ◦ Standing scapular setting ◦ Inferior glide • Week 3 Submaximal shoulder isometrics – Avoid ER/IR <ul style="list-style-type: none"> ◦ Flexion ◦ Extension

	<ul style="list-style-type: none"> ○ Abduction - With Brace on
Criteria to Progress	<ul style="list-style-type: none"> ● PROM shoulder flexion to 90 degrees ● PROM shoulder ER to 20 degrees ● Palpable muscle contraction felt in scapular and shoulder musculature ● No complications with phase 1

PHASE II: PROTECTION PHASE (4-5 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> ● Continue to protect surgical repair ● Promote dynamic stability and proprioception ● Reduce swelling and pain ● Gradually restore shoulder PROM ● Minimize substitution patterns with AAROM ● Patient education
Sling	<ul style="list-style-type: none"> ● Continue
Precautions	<ul style="list-style-type: none"> ● No carrying objects until 12 weeks post-op ● No lifting objects ● No supporting body weight with hands ● No AROM ● May start driving if off narcotic pain meds and patient is able to control vehicle while operative arm remains at side in sling
Interventions -Continue with Phase I interventions	<p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> ● PROM <ul style="list-style-type: none"> ○ Flexion to 140 ○ ER to 45 degrees in scapular plane ○ ER to 45 @ 90 degrees ABD ○ Full Abduction in scapular plane and internal rotation ● AAROM: Same ROM guidelines as above <ul style="list-style-type: none"> ○ Washcloth press-up ○ Table slides flexion and abduction ○ Seated/standing shoulder elevation with cane ○ Wall climbs ○ Pulleys <p><i>Strengthening</i></p> <ul style="list-style-type: none"> ● Submaximal rotator cuff isometrics: ER, IR, flexion, abduction and extension ● Periscapular strengthening: Row, shoulder extension on physio-ball, serratus punch ● If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op
Criteria to Progress	<ul style="list-style-type: none"> ● ROM guidelines: Unless otherwise specified by surgeon: <ul style="list-style-type: none"> ○ PROM shoulder flexion to 140 degrees ○ PROM shoulder ER in scapular plane to 45 degrees ○ PROM shoulder ER in 90 degrees ABD to 45 degrees

	<ul style="list-style-type: none"> ○ PROM shoulder IR in scapular plane to 50 degrees ○ Full abduction PROM ● Minimal substitution patterns with AAROM ● Pain < 2/10 ● No complications with Phase II
--	---

PHASE III: INTERMEDIATE POST-OP (6-8 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> ● Gradually increase shoulder PROM/AROM ● Preserve integrity of surgical repair ● Independence with ADLs ● Initiate rotator cuff strengthening ● Progress periscapular strengthening ● Enhance neuromuscular control ● Patient education
Sling	<ul style="list-style-type: none"> ● Discontinue sling
Precautions	<ul style="list-style-type: none"> ● No aggressive ROM/stretching ● Avoid strength activities that produce a large amount of anterior shoulder stress (i.e. push-ups, pec flys) ● No anterior mobilizations ● Avoid running on treadmill ● No lifting > 10 lbs
Interventions -Continue with Phase I-II interventions	<p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> ● PROM: ER: 50-65 deg scapular plane, ER @ 90 < 75 deg, Flexion < 160 deg ● AAROM ● AROM <ul style="list-style-type: none"> ○ Start in gravity minimized positions and progress to full AROM in gravity resisted positions ● Enhance Pec Minor length ● Begin posterior capsule stretching: <ul style="list-style-type: none"> ○ Cross arm stretch ○ Sleeper stretch ○ Posterior/inferior GHJ mobilizations if needed <p><i>Strengthening</i></p> <ul style="list-style-type: none"> ● Rotator cuff: side-lying external rotation, standing external and internal rotation with band <ul style="list-style-type: none"> ○ Begin with gentle isotonic and rhythmic stabilization ○ Start with closed chain and progress to open chain ● Periscapular: shoulder extension with band, row with band, push up plus on knees, prone shoulder extension, forward punch dumbbell or band <p><i>Motor Control</i></p> <ul style="list-style-type: none"> ● Rhythmic Stabilization Internal and external rotation in scaption and 90-125 deg flexion ● Rhythmic stabilization IR/ER and flexion 90-125 deg

	<ul style="list-style-type: none"> • Quadruped alternating isometrics and ball stabilization on the wall
Criteria to Progress	<ul style="list-style-type: none"> • Negative apprehension signs • Pain < 2/10 • ROM Guidelines: Unless otherwise specified by surgeon <ul style="list-style-type: none"> ◦ Flexion: 160 degrees ◦ Full Abduction ◦ PROM IR to 65 degrees in scapular plane ◦ PROM ER to 50-65 degrees in scapular plane ◦ PROM ER to 75 degrees in 90 degrees ABD

PHASE IV: TRANSITIONAL PHASE (9-11 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Preserve the integrity of the surgical repair • Gradually increase shoulder PROM/AROM • Progress rotator cuff strength • Progress periscapular strength • Improve dynamic shoulder stability
Precautions	<ul style="list-style-type: none"> • Do not stress anterior capsule with aggressive overhead strengthening • Avoid contact sports • No lifting of heavy objects (>10 lbs)
Interventions -Continue with Phase I-III interventions as needed	<p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> • PROM: Full • AROM: Full • Continue with capsular stretching <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Light resistance until week 12 • Rotator cuff: Side-lying ABD → standing ABD, scaption and shoulder flexion to 90 degrees • Periscapular: Prone T and Y, full push-up plus, prone ER at 90, wall push-up, W exercise, dynamic hug • Biceps and triceps • Shrugs <p><i>Motor Control</i></p> <ul style="list-style-type: none"> • PNF D1 and D2 diagonals • Continue PNF strengthening
Criteria to Progress	<ul style="list-style-type: none"> • No signs of apprehension • Full pain-free PROM and AROM • Minimal to no substitution with shoulder AROM • Demonstrates symmetric scapular mechanics with all exercises • Pain < 2/10

PHASE V: STRENGTHENING PHASE (12-16 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Maintain full pain-free ROM • Enhance functional use of upper extremity • Gradually progress activities with ultimate return to full function
Precautions	<ul style="list-style-type: none"> • Do not begin throwing or overhead athletic moves until 4 months post-op • Weightlifting: <ul style="list-style-type: none"> ◦ Avoid wide grip bench, military press or lat pulldowns behind the head
Interventions -Continue with Phase II-IV interventions as needed	<p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Rotator cuff: ER at 90 degrees, IR at 90 degrees • Closed chain exercises: <ul style="list-style-type: none"> ◦ Push-ups: wall → incline → knee → standard ◦ Quadruped • Lat pull down • Throwers ten – if applicable • Endurance training • Restricted sport activities (light swimming, half golf swings) • Progress weights to up to 15lbs <p><i>Motor Control</i></p> <ul style="list-style-type: none"> • Manual resistance PNF • Body Blade • UE on uneven surfaces • Serratus wall slide with band <p><i>Stretching</i></p> <ul style="list-style-type: none"> • ER at 90 degrees ABD • Hands behind head
Criteria to Progress	<ul style="list-style-type: none"> • No pain or tenderness • 5/5 shoulder strength • Satisfactory shoulder stability • Use Quick DASH and/or PENN shoulder scale • <u>Upper Extremity Functional Assessment</u> <ul style="list-style-type: none"> ◦ Full pain-free PROM and AROM ◦ Joint position sense < 5-degree margin of error ◦ Strength 85% of uninvolved arm with isokinetic testing or handheld dynamometer ◦ ER/IR ratio > 64% ◦ Scapular dyskinesis test symmetrical ◦ Functional performance and shoulder endurance tests > 85% of uninvolved arm ◦ Males > 21 taps; females > 23 taps on CKQUEST • Negative impingement and stability signs • Performs all exercises with symmetric scapular mechanics

PHASE IV: UNRESTRICTED RETURN TO SPORT (4-6 MONTHS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none">• Maintain full pain-free ROM• Enhance functional use of upper extremity• Gradual return to strenuous work activities• Gradual return to recreational activities• Gradual return to sports activities
Intervention <i>-Continue with Phase III-V interventions as needed</i>	<ul style="list-style-type: none">• Continue strengthening and motor control exercises• Begin throwing and overhead sport activities• Progress into plyometrics

Protocol adapted from Mass General Sports Medicine Physical Therapy Rehabilitation Protocols. See <https://www.massgeneral.org/orthopaedics/sports-medicine/physical-therapy/sports-rehab-protocols>