

ARTHROSCOPIC ANTERIOR BANKART REPAIR

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This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Arthroscopic Anterior Bankart Repair

Phase 1 Week 0-3

Week 0-3	Exercise	Goal
	ROM	Gradual increase
	Passive ROM only in scapular plane	
	External Rotation	0-10 wk 2 0-20 wk 3 0-45 wk 2 0-60 wk 3
	Internal Rotation	
	Passive and AAROM	
	Flexion	0-60 wk 2 0-90 wk 3
	Pendulum exercises	
	Rope/Pulley (flex, scaption)	
	Wand exercises--all planes within limitations	
	Manual stretching and Grade I-II joint mobs	
	Elbow (Flex/Extend), wrist, finger	
	NO ACTIVE ER, ABDUCTION OR EXTENSION	
	Strength	
	Initiate submaxial isometrics at 0 abduction-- PAIN FREE	
	Grip strengthening with putty or ball	
	Brace	
	Brace for 4 weeks or as noted by Dr. Flores	
	Brace removed for exercise and hygiene	
	Modalities	
	E-stim as needed	
	Ice 15-20 minutes	
	Goals	
	Promote healing of tissue	Independent in HEP
	Control pain and inflammation	Initiate muscle contraction
	Gradual increase in ROM	

Phase 2: Week 3-6

Week 3-6	Exercise	Goal
	ROM	Gradual Increase
	Passive and AAROM-scapular plane	
	ER	0-30 wk 6
	IR	full wk 6
	flexion	0-140 wk 6
	Pendulum exercises	
	Posterior capsule stretching	
	Rope/Pulley (flex, abd, scaption)	
	Wand exercises--all planes within limitations	
	Manual stretching and grade II-III mobs to reach goals	
	Strength	
	Continue isometric activities as in Phase I	
	Initiate supine rhythmic stabilization at 90 flexion	

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Initiate UBE for endurance
 Initiate IR/ER at neutral with tubing
 Initiate sidelying ER
 Push-up progression
 Prone horizontal abduction (100, 90), extension
 Intiate flexion, scaption, empty can
 Initiate scapular stabilizer strengthening
 Concentrate on eccentric activities

Brace

Discharge brace end of week 4 d/c wk 4

Modalities

Ice 15-20 minutes

Goals

Control pain and inflammation Gradual increase ROM
 Enhance UE strength

Phase 3: Week 6-12

**Week
6-12**

Exercise

ROM

Passive and AAROM-scapular plane
 ER-90 abduction
 Passive and AAROM
 flexion/elevation

Goal

full ROM 10 wk

 wk 8 0-75

 wk 8 0-160

Strength

Continue all strengthening from previous phases
 increasing resistance and repetition
 Intitiate plytoss chest pass at wk 8-10
 Initiate PNF patterns with theraband
 Manual resisted PNF pattern in supine
 UBE for strength and endurance
 Initiate isokinetic IR/ER at neural at wk 10-12

Modalities

Ice 15-20 minutes

Goals

Minimize pain and swelling Enhance neuromuscular control
 Full ROM Normalize arthrokinematics
 Improve UE strength and endurance

Phase 4: Week 12-24

**Week
12-24**

Exercise

ROM

Continue all ROM from previous
 Posterior capsular stretching
 Towel stretching
 Grade III-IV mobs as needed for FROM

Strength

Progress strengthening with increase in resistance

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and high speed repetitions
Progress with eccentric strengthening of posterior
cuff and scapular muscles
Initiate single arm plyometrics
Progress rhythmic stabilization activities to include
standing PNF patterns with tubing
UBE for strength and endurance
Initiate military press, bench press and lat pulldowns
keep elbows in front of plane of thorax
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16
Initiate light plyometric program week 12-16
Progress isokinetics to 90 of abduction at high speeds

Modalities

Ice 15-20 minutes

Goals

Full ROM

Maximize UE strength, endurance and neuromuscular control

Initiate sports specific training/functional training

Patient should complete stretching exercises 3x a day
May return to weight room at 3 months if appropriate.
May return to contact sports by 6 months if appropriate.