



**REHABILITATION PROTOCOL: ARTHROSCOPIC
POSTERIOR BANKART
REPAIR/ CAPSULAR PPLICATION
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I. PHASE 1 – Immediate Postoperative Phase “Protected Phase” (Week 0 – 6)

Precautions:

Postoperative brace in _____ degrees abduction, _____ degrees external rotation for _____ weeks (physician will determine length of time and position)

Brace must be worn at all times with the exception of exercise activity and bathing

No activities above head or across body

Must sleep in brace

Goals: Allow healing of repaired capsule
Initiate early protected and restricted ROM
Retard muscular atrophy
Decrease pain and inflammation

Week 0 – 4

- Sling/BRACE for _____ weeks
- Sleep in immobilizer/BRACE for _____ weeks
- Cryotherapy: ice before and after exercises for 20 min. Ice up to 20 min per hour to control pain and swelling.

Exercises:

- Gripping exercises with putty
- Active elbow and wrist flexion/extension and pronation/supination
- AROM of cervical spine
- Passive ROM progressing to active – assisted ROM
- AAROM: (initiated at _____ 4 weeks)
 - ER to tolerance at 90 degrees of abduction
 - Flexion to 90 degrees as tolerated
 - **NO IR for _____ weeks (usually 6 – 8 weeks)**
- Submaximal shoulder isometrics
- Rhythmic stabilization drills ER/IR in scapular plane
- Avoid CKC exercises

** In general all exercises begin with 1 set of 10 reps and should increase by 1 set daily at tolerated to 5 sets of 10.

Weeks 4 – 6

Goals: Gradual increase of ROM
Normalize arthrokinematics
Improve strength
Decrease pain and inflammation

ROM exercises:

- **L-Bar active – assisted exercises**
 - ER at 90 degrees abduction to tolerance
 - Shoulder flexion to tolerance to 90 °at week 4 then 125° at week 6
 - No IR for 6 – 8 weeks (unless MD specified)
 - Rope and pulley
 - Shoulder scaption to 90° at week 4, 125°at week 6
 - All exercises should be performed to tolerance
 - Do not push or aggressively stretch into IR, or horizontal

adduction

Gentle Joint Mobilization to Re-establish Normal:

- Arthrokinematics
- Scapulothoracic joint motion
- Glenohumeral joint capsular mobility – avoid posterior glides
- May perform inferior and anterior glides at week 5 – 6
- Stenoclavicular joint motion

Strengthening Exercises:

- Exercise tubing ER/IR at 45 ° abduction (IR to neutral rotation only)
- Active shoulder flexion (full can)
- Active shoulder abduction
- Isotonic biceps
- Scapular strengthening with arm at 0 or 30 ° abduction
 - Prone horizontal abduction
 - Prone horizontal abduction with ER
 - Prone rowing
 - Prone extensions
- Rhythmic stabilization ER/IR and Flex/Ext
- Avoid CKC exercises

Proprioception and Kinesthesia Training:

- Initiate joint reposition training

Decrease Pain/Inflammation”

- Ice, NSAID, modalities

II. PHASE II - INTERMEDIATE PHASE (WEEK 6 – 12)

Goals: Gradually re-establish range of motion

Normalize arthrokinematics

Increase strength

Improve neuromuscular control

Enhance proprioception and kinesthesia

Week 6 – 9

Range of Motion Exercises:

- L- Bar active assisted exercises
 - ER at 90 ° abduction to tolerance (should be 85 – 90 ° by week 8)
 - Shoulder flexion to tolerance (165 by week 8)

IR at 90 degrees abduction to 30-45 degrees week 10

- Rope and pulley: elevation in scapular plane

Strengthening Exercises:

- Tubing for IR/ER at 0 degrees abduction
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder scaption with ER (Full can)
 - Latissimus dorsi
 - Rhomboids
 - Biceps curl
 - Triceps push downs
 - Scapular muscle training
 - No push-ups or pushing movements
 - Serratus anterior punches
 - Prone row
 - Prone horizontal abduction
 - Prone horizontal abduction ER
 - Sidelying ER dumbbell
- Initiate Neuromuscular Control Exercises for Scapulothoracic Joint
- Progress proprioception

Week 10 – 12

Continue all exercise listed before

Initiate

- Active-assisted internal rotation at 90 degrees abduction
- Progress IR to 60-65 degrees at 90 degrees abduction
- Initiate push-ups into wall at week 12
- Emphasize muscle strength of ER, scapular region

Criteria to Enter Phase III

- Full, non – painful ROM
- No pain/tenderness
- Strength 70 % contra lateral side

III. PHASE III – DYNAMIC STRENGTHENING PHASE (WEEK 13 – 20)

Goals: Maintain/progress to full ROM

Improve strength/power/endurance

Improve neuromuscular control

Enhance dynamic stability

Improve scapular muscular strength

Week 13-20

Exercises

- Continue isotonic program
- Continue trunk/LE strengthening and conditioning exercises
- Continue neuromuscular control exercise
- Machine resistance (limited ROM)

Latissimus dorsi pull downs

- Seated row
- Seated bench press
- May process CKC program
 - Ball to wall
 - Pushup on unstable surface

Week 16 – 20

Continue all exercise listed above

Emphasis on gradual return to recreational activities

Criteria to Progress to Phase IV

- Full ROM
- No pain/tenderness
- Satisfactory clinical exam
- Satisfactory isokinetic test

IV. PHASE IV - RETURN TO ACTIVITY (WEEK 21 – 28)

Goals: Progressively increase activities to prepare patient for unrestricted functional return

Exercises:

- Continue isotonic strengthening exercises outline in phase III
- Continue ROM exercises
- Initiate Interval Programs between 28 – 32 weeks (if patient is athlete)