

## Arthroscopic Bankart Repair Rehabilitation Program

The GLSM Bankart Repair Protocol is a criteria based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Arthroscopic repairs need to be progressed slower than open repairs to prevent the most common complication of loss of fixation. Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-6 weeks	Phase II: 6-12 weeks	Phase III: 12 weeks+
<b>Sling:</b> ABD pillow 24 hrs day for 3- 4 wks. D/C per MD	<b>Sling:</b> Not applicable	<b>Sling:</b> Not applicable
<b>PROM:</b> ER: 0-20 in scaption for 5 wks, increase to 40 by 6 wks. Flexion 0-90. Scaption 0-90. No Abduction. No terminal stretching	<b>PROM:</b> Goal: Full ROM by 10-12 wks. Flexion / Scaption / Abd progressively increase. Initiate gentle 90/90 ER at 6 wks with gradual progression to 90 deg by 12 wks.	<b>PROM:</b> Full with no restrictions
<b>AAROM:</b> see PROM	<b>AAROM:</b> see PROM	<b>AAROM:</b> Full with no restrictions
<b>AROM:</b> Initiate at 4-6 wks in scapular plane. Avoid extension and ER beyond neutral	<b>AROM:</b> Full by 10-12 wks	<b>AROM:</b> Full with no restrictions
<b>Modalities:</b> Cryotherapy 3x/day IFC if c/o pain NMES	<b>Modalities:</b> Cryotherapy 3x/day IFC if c/o pain, NMES Biofeedback inhibition if compensatory shoulder shrug	<b>Modalities:</b> Cryotherapy NMES if specific muscle weakness
<p><b>RX: Recommendations:</b> No AROM for 4 wks. Avoid excessive ER and ext. No overhead motions.</p> <p>Active warm-up: Codmans, UBE at 4 wks</p> <p>Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM see above AROM - see above Elbow / Wrist AROM</p> <p>Therapeutic exercises: Wrist/Hand exercises Submax pain-free isometrics shld flexion, Abd, ext 4-6 wks Submax IR/ER M&lt;l in neutral to full IR Sidelying ER to neutral 5 wks Submax rhythmic stabilizations IR/ER in neutral</p>	<p><b>RX: Recommendations:</b> Sapega-McClure technique: 1. Active warm-up: UBE, Rower 2. Heat in stretch (1<sup>st</sup> TERT) TERT=Total End Range Time 3. Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM / AROM 4. Therapeutic exercises: Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER in scaption Sidelying ER Total arm strengthening Biceps curls / Triceps ext Rhythmic stabilizations OKC/CKC Perturbation training 8 wks Isokinetic IR/ER in 30/30/30 Prone ER with hor abduction Lower trapezius exercises 10 wks Isotonic IR/ER in 90/90 PNF patterns 11 wks Isokinetic IR/ER in 90/90 5. Ice in stretch (2<sup>nd</sup> TERT) 6. HEP for 3<sup>rd</sup> TERT</p> <p style="text-align: right;">Updated 11/03</p>	<p><b>RX: Recommendations:</b> Sapega-McClure technique if needed (see previous) Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER Isokinetic IR/ER Prone strengthening exercises Lower trapezius exercises Total arm strength PNF patterns CKC exercises Rhythmic stabilizations OKC/CKC Perturbation training Plyometric exercises Sport-specific exercises if strength scores 75% or &gt; and/or ER/IR ratio 2/3</p> <hr/> <p><b>Testing:</b> 20-24 wks Isokinetic IR/ER Test (30/30/30 or 90/90 if overhead athlete/laborer)</p> <hr/> <p><b>Return to Work/Sport</b> No Pain + Full ROM Isokinetic Test –90 Functional Testing – 90% MD approval 20-24 weeks Return to interval throwing program</p>

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