ANDREWS INSTITUTE
ORTHOPAEDICS & SPORTS MEDICINE
An Affiliate of Baptist Health Care

ARTHROSCOPIC ANTERIOR BANKART REPAIR

GENERAL GUIDELINES / PRECAUTIONS

- Have patient wear sling at all times except showering and while doing exercises / physical therapy for 6 weeks or per physician's discretion.
- No exercises specifically for the shoulder while a pain pump is present.
- Once the sling is removed it is necessary to stress the importance of avoiding heavy lifting, pushing, or pulling by the patient for at least 6 months to allow proper tissue healing.
- This protocol, as well as most others, is a general guideline. Patients should not be progressed to the next phase until they demonstrate proper form with all activities and all criteria are met in the current phase.
- When clinically appropriate, properly assess the whole body and incorporate treatment for loss of mobility and stability. Not doing so can prevent optimal outcomes and increase risks of future injuries.

MAXIMUM PROTECTION PHASE (Weeks 0-6)

- **Goals:**
  - Protect repair and promote healing.
  - Prevent negative effects of immobilization
  - Diminish pain and inflammation.
  - Minimize muscle atrophy

- **Treatment (Days 1-14)**
  - Elbow/hand ROM and gripping exercises.
  - Upper Trap and Levator Scapulae stretches
  - Pendulums
  - Gentle, pain-free ROM
    - Passive flexion to 70 degrees by end of week 1
    - Passive flexion to 90 degrees by end of week 2
    - Passive ER at 30 degrees abduction to 5-10 degrees
    - Passive IR at 30 degrees abduction to 45 degrees
  - No active shoulder movements away from body
  - Rhythmic stabilization drills for ER / IR
  - Light and non-painful isometrics for shoulder musculature
  - Neck mobility, stability exercises as needed
  - Cryotherapy (3-4 x daily), modalities as indicated.

- **Treatment (Days 15-28)**
  - Continue gentle PROM
  - Continue isometrics and rhythmic stabilization
  - May begin rhythmic stabilization at 90 degrees flexion
  - Gentle, pain-free ROM
    - Passive flexion to 90 degrees
    - Passive abduction to 90 degrees
    - Passive ER at 45 degrees abduction to 20 degrees
    - Passive IR at 45 degrees abduction to 55-60 degrees

- Progress from isometric strengthening to ER/IR tubing with arm at side
- Initiate scapular stabilization
- Prone row
  - Upper arm does go past neutral
- Prone extension (begin in neutral rotation)
  - Upper arm does not go past neutral
- Supine serratus punches
- Thoracic mobility, stability exercises as needed
- Continue use of cryotherapy.

- **Treatment (Days 29-42)**
  - Continue all relevant exercises
  - Gentle, pain-free
    - Passive flexion to 145 degrees
    - Passive ER at 45 degrees abduction to 60 degrees
    - Passive IR at 45 degrees abduction to 60 degrees
  - AAROM to same limits
  - Initiate ER / IR with tubing (arm over towel)
  - Progress scapula stabilization exercises
  - PNF manual resistance
  - Lumbar and LE mobility or stability exercises as needed

INTERMEDIATE ROM AND STRENGTHENING PHASE (Weeks 7-14)

- **Goals:**
  - Gradually restore full ROM
  - Preserve the integrity of the repair
  - Enhance neuromuscular control

- **Treatment (week 7-9)**
  - Gradually progress PROM
    - Passive flexion to 160 degrees
    - Passive ER at 90 degrees abduction to 80 degrees
    - Passive IR at 90 degrees to 75 degrees
  - Progress AAROM applying limitations listed above
  - May begin to work on gentle behind the back stretches to tolerance
  - Progress all isotonic strengthening exercise appropriately
  - Progress all scapula stabilization exercises appropriately
  - Progress PNF strengthening
  - Farmer's carries

- **Treatment (week 10-14)**
  - Progress ROM to functional demands (i.e. overhead athlete)
  - Continue to progress all strengthening, stabilization, mobility exercise appropriately

MINIMAL PROTECTION PHASE (Week 15-20)

- **Goals:**
  - Maintain full AROM and functional reach capability
  - Improve muscular strength and endurance.
  - Gradually return to more demanding functional activities.

- **Treatment (Weeks 15-20)**
  - Typically schedule patient between once per week to once per month.
  - Continue / progress relevant exercises
  - Initiate endurance training for athletes
    - Wall ball bounces
  - Initiate / progress interval sport program (if appropriate)
  - Restricted sport activities (i.e. light swimming, half golf swings)

ADVANCED STRENGTHENING PHASE (Weeks 21-24)

- **Goals**
  - Enhance muscular strength, power and endurance
  - Progress functional activities
  - Maintain shoulder mobility

- **Treatment (weeks 21-24)**
  - Continue / progress relevant exercises
  - Plyometric strengthening
  - Progress interval sport program

DISCHARGE TESTING / PLANNING (usually performed 6-8 months post-op)

- Based on a patient's age, sex, specific sport / activity, and level (i.e. recreational, amateur, professional) that they are returning to, a decision is made to endorse their return to sport or to ask that the patient refrain from doing so. Currently we strive for the following criteria before fully endorsing going back to rigorous activities:
  - Demonstrate quality and symmetrical movement throughout the body evaluated with comprehensive movement screen or assessment process
  - Symmetrical and acceptable comprehensive scores on CKC UE testing
- Biomechanical assessment of their performance helps safe return to sport / higher level activity. Patient's may be videoed and analyzed doing activities such as throwing or hitting to see if sound body mechanics are being utilized.
- Not all patients who have undergone anterior Bankart repair are candidates for functional testing. Those undergoing these tests should be chosen with proper consideration given to what they plan to return to and there general fitness level.
- No matter how well a patient is doing with return to sport testing it is prudent to remember how important time is to full healing and safe return to sport / activity.
- Often times, patients are scheduled periodically during the phase in which they are trying to return to sport / higher level activities to assess their progress and properly change their program until they are deemed safe to return to all activities.