

## **ARTHROSCOPIC POSTERIOR 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.
- No IR, horizontal adduction, or posterior glides for 6 weeks unless otherwise specified by physician.
- Avoid CKC exercises for at least 12 weeks.
- 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 1-28)**
  - Elbow/hand ROM and gripping exercises.
  - Upper Trap and Levator Scapulae stretches
  - Pendulums
  - Gentle pain-free ROM
    - Passive flexion to 90 degrees
    - Passive ER at 90 degrees abduction to tolerance
    - No IR, horizontal adduction, or posterior glides
  - 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 (Weeks 5-6)**
  - Continue gentle PROM
  - Continue isometrics and rhythmic stabilization
  - May begin rhythmic stabilization at 90 degrees flexion
  - Continue gentle ROM
    - Passive flexion to 125 degrees after post-op day 35
    - Passive abduction to 90 degrees

- Passive ER at 90 degrees abduction as tolerated
- No IR, horizontal adduction, or posterior glides
- Initiate AAROM exercises with exception of IR. Same limits as PROM
- Progress from isometric strengthening to ER/IR tubing with arm at side
- Prone row
- Prone extension (in external rotation)
- Progress rhythmic stabilization to flexion position
- Thoracic mobility, stability exercises as needed
- Continue use of cryotherapy.

### **MODERATE PROTECTION PHASE (Weeks 7-12)**

- **Goals:**
  - Preserve the integrity of the repair
  - Enhance neuromuscular control
  - Increase strength
  - Normalize arthrokinematics
- **Treatment (Weeks 7-9)**
  - Gradually progress ROM
    - Passive flexion to 160 degrees
    - Passive ER at 90 degrees abduction to 80 degrees
    - Passive IR at 90 degrees to 30-40 degrees
  - Progress AAROM applying limitations listed above
  - Progress all isotonic strengthening exercise appropriately
  - Progress all scapula stabilization exercises appropriately
  - Progress PNF strengthening
  - Farmer's carries
  - Initiate prone horizontal abduction
- **Treatment (Weeks 10-12)**
  - Progress ROM to functional demands (i.e. overhead athlete)
  - Continue to progress all strengthening, stabilization, mobility exercise appropriately
  - Initiate push-ups on wall at week 12

### **MINIMAL PROTECTION PHASE (Week 13-24)**

- **Goals:**
  - Progress to full PROM and AROM
  - Improve muscular strength and endurance.
  - Improve strength / power / endurance
  - Gradually return to more demanding functional activities.
- **Treatment (Weeks 13-15)**
  - 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)
  - Progress CKC exercises as tolerated
- **Treatment (Weeks 16-24)**

- Continue all relevant exercises
- Emphasize gradual return to recreational activities
- Progress interval sports program

### **DISCHARGE TESTING / PLANNING (usually done 6-12 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 posterior 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 their 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.
- Patients often schedule periodically during this phase to assess their progress and properly change their program until they are deemed safe to return to all activities.