



Bankart Repair

Post-Operative Rehabilitation Protocol

General Considerations:

- Timing and prognosis are approximate and will depend on many factors including but not limited to surgical complexity, compliance with recommendations made by Surgeon and Physical Therapist, individual physiological factors, and positive mental outlook
- Protocols are not absolute and clinical judgment should be used in each individual case to determine best practices for favorable outcomes.
- Protocols are not to be substituted for care under a Physical Therapist's supervision.

Goals/Focus/Precautions:

- Sling worn at all times for the first 6 weeks, except to bathe. Wear the sling during sleep.
- Passive range of motion is vital early in the rehab process to avoid capsular restrictions. Avoid planes of motion that put strain on the repair.
- For the first 4 weeks avoid hyperextension, no external rotation past zero degrees (add 10 degrees of external rotation beginning at week 5, avoid internal rotation for posterior repairs
- Patient should be aware that healing, remodeling, and tissue maturation occur for well up to a year post operatively.
- No forceful stretching
- No active elevation for 6 weeks

Phase I – (Week 0-6): Passive ROM / Maximal Protection Phase

Goals: Decrease pain. Increase passive range of motion however not past 90 degrees of flexion for the first 4 weeks. Avoid hyperextension to protect the anterior repair. No external rotation (ER) past zero degrees for the first 4 weeks. Add 10 degrees of ER every week beginning at week 5. Limit internal rotation and horizontal adduction for posterior repairs.

- Rest and ice are especially important during the first few days after surgery. (20 minutes every hour)

Manual: Passive ROM exercise. Gentle joint mobilization (grade I and II). Soft tissue mobilization (away from the incisions).

Exercises: Passive ROM exercises. Scapular re-training exercises, ball squeezes, elbow AROM, hand and wrist exercises, trunk strengthening.

Phase II – (Week 6-8): Active Assist ROM

Goals: Discontinue wearing the sling. Gradually progress passive range of motion. Focus on good scapular awareness. Improve thoracic mobility. Begin active assist ROM. Always respecting pain.

Manual: Continue with soft tissue treatments, gentle joint mobilization, passive and active assist stretching throughout all planes of motion respecting pain and aforementioned precautions.

Exercise: Passive and active assist range of motion, scapular stability exercises, submaximal isometrics, core strengthening, stationary bike and walking.

Phase III – (Week 8-12): Active Range of Motion Phase

Goals: Progress passive ROM early in this phase. Progress active ROM without scapular substitution by the end of this phase. Excellent scapular mechanics.

Manual: Gentle joint mobilization, stretching, scapular re-education exercises, soft tissue massage as needed.

Exercises: Passive stretching as needed, begin active elevation, progress isometrics, progress scapular strengthening and re-education activities, continue with core strengthening.

Phase IV – (Week 12+) Strengthening

Goals: Continue to progress passive ROM and active ROM. Continue scapular strengthening. Begin gentle strengthening of the glenohumeral joint.

Manual: Passive stretching, joint mobilization, soft tissue mobilization as needed, manual resisted exercises.

Exercises: Scapular strengthening exercises, glenohumeral strengthening exercises in all planes of motion, core strengthening exercises.

Considerations: Full range of motion may be difficult to achieve and will continue to improve over the next several months. Never exercise through pain. Return to sports is determined by the physical therapist and/or the surgeon.