Thunder Basin Orthopaedics:

Bankart Repair Protocol

The Bankart procedure is performed to increase anterior stability of the shoulder. The following is a guideline for progression of postoperative treatment.

General Information

- Time required for full recovery is 3-6 months.
- There may be a loss of external rotation when compared to the other side, but the motion is usually adequate for most activities.
- Accelerating rehabilitation for "fast healers" may inhibit results and lead to recurrent problems.

Precautions

- Capsular repair becomes stressed with external rotation.
- In neutral rotation, external rotation must be limited during early rehabilitation.
- If procedure is performed arthroscopically strengthening of the rotator cuff muscles can begin early and progress quickly.
- If procedure is performed as an "Open Repair", the subscapularis may be detached for exposure
 of the glenohumeral joint and then reattached after the repair is complete. This reattachment
 must be protected for 6 weeks. During this time, strengthening activities involving internal
 rotation must be avoided.

Immobilization

- Sling should be worn for 6 weeks in uncontrolled environments (around dogs, kids, in crowds, etc.).
- Sling should be worn while sleeping for 6 weeks.
- Sling may be removed in controlled environments for light activity.
- Discontinue/wean sling at 6 weeks.

1st POST-OP VISIT / 0 WEEKS POST-OP

- Wound Inspection
- Patient Education
 - NO active internal rotation until 2 weeks post-op
 - Full ROM to tolerance, limit external rotation at 30º of abduction to 20º and flexion to 90º.
 - Sling use as described above
 - Icing 3 times/day for 20 minutes each

Exercises

- Pendulum (begin Day 1) with 10º forward lean: Clockwise/counter-clockwise/side-to-side/front & back
- PROM and AAROM exercises to tolerance within limitations of Flexion to 90° and External Rotation to 20° in 30° abduction
 - Flexion with rope & pulley and/or cane/bar (begin Day 3)
 - Internal rotation with rope & pulley and/or cane/bar (begin Day 3)
 - External rotation to 20º only
- Isometric exercises Submaximal (begin Day 3)
 - Flexion / extension
 - Abduction
 - o External rotations
 - o No internal rotation
- AROM exercises at elbow and wrist
 - Elbow flexion / extension
 - Wrist flexion / extension and pronation / supination
- Modalities PRN
- Ice

1 WEEK POST-OP

- Wound inspection
- Exercises
 - PROM and AAROM exercises to tolerance
 - o Flexion to 90º (Day 7)
 - o External rotation limit to 20º in 30º of abduction
 - Pendulum (continue as previous)
 - Isometric exercises (continue as previous)
 - Progression resistive exercises to tolerance
 - o Bicep curls
 - o Triceps / shoulder extensions
 - Wrist flexion / extension
 - Wrist pronation / supination
 - Gripping exercises
 - Shoulder shrugs
 - o Prone scapular retraction
- Grade I/II glenohumeral joint mobilization as indicated
 - No anterior glides until 8 weeks post-op
- Modalities PRN
- Ice

- Wound inspection
- Exercises
 - PROM and AAROM exercises to tolerance
 - Flexion to 90º
 - External rotation limit to 20º in 30º of abduction
 - Begin Upper Body Ergometer forward / reverse
 - Pendulum exercises with light weight
 - Isometric exercises (continue as previous)
 - Progressive resistive exercises
 - o Continue as previous
 - Begin internal rotation with arm at side (initiating from neutral) using light
 Theraband resistance
 - Begin supine serratus press no weight
 - o Begin theraband row with scapular retraction
 - o Begin scaption to 90º
- Grade I/II glenohumeral joint mobilizations -as indicated
 - No anterior glides until 8 weeks post-op
- Modalities PRN
- Ice

3 WEEKS POST-OP

- Exercises
 - PROM and AAROM
 - Flexion to tolerance
 - o External rotation limit to 20º in 30º of abduction
 - Progressive resistive exercises (continue as previous)
- Grade I/II glenohumeral joint mobilization as indicated
 - No anterior glides until 8 weeks
- Modalities PRN
- Ice

- Exercises
 - AROM
 - Permit full ROM to tolerance, except extreme abduction and external rotation
 - Progressive resistive exercises
 - Begin external rotation with arm at side (avoid extreme external rotation) using
 Theraband resistance
 - Begin flexion using theraband resistance
 - BodyBlade

- o One-handed grip in neutral position
- Two-handed grip in front
- Opposite hand diagonal pattern
- Grade I/II glenohumeral joint mobilization as indicated
 - No anterior glides until 8 weeks post-op
- Modalities PRN
- Ice

5 WEEKS POST-OP

- Exercises
 - AROM
 - External rotation at 90º of abduction to tolerance
 - Progressive resistive exercises (continue as previous)
 - BodyBlade (continue as previous)
- Grade I/II glenohumeral joint mobilization as indicated
 - No anterior glides until 8 weeks post-op
- Modalities PRN
- Ice

6 WEEKS POST-OP

- Discontinue sling use
- Exercises
 - AROM
 - o Add Upper Body Ergometer standing off to the side clockwise and counterclockwise
 - o Goal of full AROM 6-8 weeks post-op
 - Progressive resistance exercises (continue as previous), adding:
 - o Internal and external rotation with dumbbells
 - o Deltoid and supraspinatus strengthening with dumbbells
 - o Diagonal strengthening using theraband
 - o Wall push-ups, hand in neutral position
- Grade I/II glenohumeral joint mobilizations as indicated
 - no anterior glides until 8 weeks post-op
- Modalities PRN
- Ice

- Exercises
 - AROM as tolerated, should have full AROM by 6-8 weeks post-op
 - Progressive resistance exercises (continue as previous), adding:

- Kneeling push-ups
- BodyBlade
 - o One-handed grip, abduction to 90⁰
 - o Two-handed grip, flexion to 90º
- Plyoball
 - o Circles, clockwise and counterclockwise, 1 minute each direction
 - o Squares, clockwise and counter clockwise, 1 minute each direction
- Grade I/II glenohumeral joint mobilization -as indicated
 - no anterior glides until 8 weeks post-op
- Modalities –PRN
- Ice

10 WEEKS POST-OP

- Exercises
 - Progressive resistive exercises (continue as previous), adding:
 - o Push-ups
 - Step-up push-up
 - Internal and external rotation exercises and 90° abduction/90° elbow flexion using Theraband/tubing
 - Plyoball diagonal patterns
 - Fitter
 - o Side-to-side
 - o Front & back
 - Progress resistance as tolerated by patient
- Grade I/II Glenohumeral joint mobilization as indicated
- Modalities PRN
- Ice

- Exercises
 - Progressive resistive exercises (continue as previous), adding:
 - Push-up plus in pushup position
 - Step-up in push-up position
 - Bodyblade diagnosis-progress to single leg stance
 - Begin sport specific activities once full range of motion, normal strength and no dyskinesis
- Grade I/II Glenohumeral joint mobilization as indicated
- Modalities PRN
- Ice