

Post-Surgery Rehabilitation Plan for Anterior Bankart Repair

This plan aims to assist clinicians in managing the post-operative care for patients who have undergone Anterior Bankart Repair. The approach is both time-based, reflecting tissue healing, and criterion-based. Treatment should be individualized, taking into account examination results and clinical judgment. Expected outcomes may vary depending on the surgeon's preferences, additional procedures, and any complications. Clinicians should consult the referring surgeon if there are any uncertainties about patient progress.

The interventions outlined in this plan are not exhaustive. Therapeutic strategies should be adapted based on the patient's progress and the clinician's discretion.

Considerations for Post-Operative Bankart Repair Rehabilitation

Numerous factors affect the rehabilitation outcomes following Bankart Repair, including the extent of damage to the labral and capsular structures and individual comorbidities. Close collaboration with the referring physician is recommended to adjust the rehabilitation plan as needed.

Post-Operative Complications

If you experience any of the following symptoms; fever, unresolving numbness/tingling, excessive drainage from the incision, uncontrolled pain, or any other symptoms please contact your referring physician.

PHASE I: IMMEDIATE POST-OP PHASE

(WEEKS 0-3 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Protect surgical repair • Reduce swelling and pain • Maintain elbow, hand and wrist ROM • Enhance scapular function • Gradually increase shoulder PROM • Minimize muscle inhibition • Patient education
<p>Sling</p>	<ul style="list-style-type: none"> • Sling on at all times, only remove for showering and therapy including elbow and wrist ROM <ul style="list-style-type: none"> ◦ Neutral Rotation, 30-45 degrees ABD ◦ Sleep in sling for 6 weeks ◦ Shower with arm by your side
<p>Precautions</p>	<ul style="list-style-type: none"> • No carrying objects until 12 weeks post-op • No shoulder AROM • No lifting objects • No reaching behind back • No supporting body weight with hands • Can shower after 48 hours ◦ Do NOT get into a bathtub, pool or spa until sutures are removed and wound is healed • Avoid abduction/external rotation activity to avoid anterior inferior • Driving may start at week 6 based on MD clearance
<p>Interventions</p>	<p><i>Pain/Swelling Management</i></p> <ul style="list-style-type: none"> • Ice, compression, modalities as indicated

PHASE I: IMMEDIATE POST-OP PHASE
 (WEEKS 0-3 AFTER SURGERY) CONTINUED

<p>Intervention CONTINUED</p>	<p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> • Wrist AROM <ul style="list-style-type: none"> ◦ Flexion ◦ Extension ◦ Radial and Ulnar deviations • PROM: Begin week 2 <ul style="list-style-type: none"> ◦ Flexion < 90 degrees ◦ Pendulums ◦ Seated GH flexion table slide ◦ External rotation in scapular plane to < 20 degrees • AAROM: Begin week 3 <ul style="list-style-type: none"> ◦ Supine flexion with cane and self-support to 90 degrees ◦ Cane ER to <20 degrees <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Ball Squeezes • Week 2: <ul style="list-style-type: none"> ◦ Scapular retraction ◦ Standing scapular setting ◦ Inferior glide • Week 3 Submaximal shoulder isometrics - Avoid ER/IR <ul style="list-style-type: none"> ◦ Flexion ◦ Extension ◦ Abduction - With Brace on
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • PROM shoulder flexion to 90 degrees • PROM shoulder ER to 20 degrees • Palpable muscle contraction felt in scapular and shoulder musculature • No complications with phase 1

PHASE II: PROTECTION PHASE
 (WEEKS 4-5 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Protect surgical repair • Promote dynamic stability and proprioception • Reduce swelling and pain • Gradually restore shoulder PROM • Minimize substitution patterns with AAROM • Patient education
<p>Sling</p>	<ul style="list-style-type: none"> • Continue use of sling unless instructed otherwise by surgeon
<p>Precautions</p>	<ul style="list-style-type: none"> • No carrying objects until 12 weeks post-op • No lifting objects • No supporting body weight with hands • No AROM • Driving may start at week 6 based on MD clearance

PHASE II: PROTECTION PHASE
(WEEKS 4-5 AFTER SURGERY) CONTINUED

<p>Additional Intervention *Continue with Phase I interventions</p>	<p><i>Pain/Swelling management</i></p> <ul style="list-style-type: none"> • Cryotherapy and Modalities as indicate <p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> • PROM <ul style="list-style-type: none"> ◦ Flexion to 140 ◦ ER to 45 degrees in scapular plane ◦ ER to 45 @ 90 degrees ABD ◦ Full Abduction in scapular plane and Internal rotation • AAROM: Same ROM guidelines as above <ul style="list-style-type: none"> ◦ Washcloth press-up ◦ Table slides flexion and abduction ◦ Seated/standing shoulder elevation with cane ◦ Wall climbs ◦ Pulleys <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Submaximal rotator cuff isometrics: ER, IR, flexion, abduction and extension • Periscapular strengthening: Row, shoulder extension on physio-ball, serratus punch
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • ROM guidelines: Unless otherwise specified by surgeon: <ul style="list-style-type: none"> ◦ PROM shoulder flexion to 140 degrees ◦ PROM shoulder ER in scapular plane to 45 degrees ◦ PROM shoulder ER in 90 degrees ABD to 45 degrees ◦ PROM shoulder IR in scapular plane to 50 degrees ◦ Full abduction PROM • Minimal substitution patterns with AAROM • Pain < 2/10 • No complications with Phase II

PHASE III: INTERMEDIATE PHASE
(WEEKS 6-8 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Gradually increase shoulder PROM/AROM • Preserve integrity of surgical repair • Independence with ADLs • Initiate rotator cuff strengthening • Progress periscapular strengthening • Enhance neuromuscular control • Patient education
<p>Sling</p>	<ul style="list-style-type: none"> • Discontinue use of sling
<p>Precautions</p>	<ul style="list-style-type: none"> • No aggressive ROM/stretching • Avoid strength activities that produce a large amount of anterior shoulder stress (i.e. push-ups, pec flys) • No anterior mobilizations • Avoid running on treadmill • No lifting > 10 lbs

PHASE III: INTERMEDIATE PHASE
(WEEKS 6-8 AFTER SURGERY) CONTINUED

<p>Additional Intervention *Continue with Phase I-II interventions</p>	<p><i>Range of motion/Mobility</i></p> <ul style="list-style-type: none"> • PROM: ER: 50-65 deg scapular plane, ER @ 90 < 75 deg, Flexion < 160 deg • AAROM • AROM <ul style="list-style-type: none"> ◦ Start in gravity minimized positions and progress to full AROM in gravity resisted positions • Enhance Pec Minor length • Begin posterior capsule stretching: <ul style="list-style-type: none"> ◦ Cross arm stretch ◦ Sleeper stretch ◦ Posterior/inferior GHJ mobilizations if needed <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Rotator cuff: side-lying external rotation, standing external and internal rotation with band <ul style="list-style-type: none"> ◦ Begin with gentle isotonic and rhythmic stabilization ◦ Start with closed chain and progress to open chain • Periscapular: shoulder extension with band, row with band, push up plus on knees, prone shoulder extension, forward punch dumbbell or band. <p><i>Motor Control</i></p> <ul style="list-style-type: none"> • Rhythmic Stabilization Internal and external rotation in scaption and 90-125 deg flexion • Rhythmic stabilization IR/ER and flexion 90-125 deg • Quadruped alternating isometrics and ball stabilization on the wall <p><i>Modalities as needed</i></p>
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • Negative apprehension signs • Pain < 2/10 • ROM Guidelines: Unless otherwise specified by surgeon <ul style="list-style-type: none"> ◦ Flexion: 160 degrees ◦ Full Abduction ◦ PROM IR to 65 degrees in scapular plane ◦ PROM ER to 50-65 degrees in scapular plane ◦ PROM ER to 75 degrees in 90 degrees ABD

PHASE IV: TRANSITIONAL PHASE
(WEEKS 9-11 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Preserve the integrity of the surgical repair • Gradually increase shoulder PROM/AROM • Progress rotator cuff strength • Progress periscapular strength • Improve dynamic shoulder stability
<p>Precautions</p>	<ul style="list-style-type: none"> • Do not stress anterior capsule with aggressive overhead strengthening • Avoid contact sports • No lifting > 10lbs
<p>Additional Intervention *Continue with Phase I-III interventions</p>	<p><i>Range of motion/mobility</i></p> <ul style="list-style-type: none"> • PROM: Full • AROM: Full • Continue with capsular stretching

PHASE IV: TRANSITIONAL PHASE
(WEEKS 9-11 AFTER SURGERY) CONTINUED

<p>Additional Intervention *Continue with Phase I-III interventions</p>	<p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Light resistance until week 12 • Rotator cuff: Side-lying ABD standing ABD, scaption and shoulder flexion to 90 degrees • Periscapular: Prone T and Y, full push-up plus, prone ER at 90, wall push-up, W exercise, dynamic hug • Biceps and triceps • Shrugs <p><i>Motor Control</i></p> <ul style="list-style-type: none"> • PNF D1 and D2 diagonals • Continue PNF strengthening
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • No signs of apprehension • Full pain-free PROM and AROM • Minimal to no substitution with shoulder AROM • Demonstrates symmetric scapular mechanics with all exercises • Pain < 2/10

PHASE V: STRENGTHENING PHASE
(WEEKS 12-16 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Maintain full pain-free ROM • Enhance functional use of upper extremity • Gradually progress activities with ultimate return to full function
<p>Precautions</p>	<ul style="list-style-type: none"> • Do not begin throwing or overhead athletic moves until 4 months post-op • Weightlifting: <ul style="list-style-type: none"> ◦ Avoid wide grip bench, military press or lat pulldowns behind the head
<p>Additional Intervention *Continue with Phase I-IV interventions</p>	<p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Rotator cuff: ER at 90 degrees, IR at 90 degrees • Closed chain exercises: <ul style="list-style-type: none"> ◦ Push-ups: wall > incline > knee > standard ◦ Quadruped • Lat pull down • Throwers ten - if applicable • Endurance training • Restricted sport activities (light swimming, half golf swings) • Progress weights to up to 15lbs <p><i>Motor control</i></p> <ul style="list-style-type: none"> • Manual resistance PNF • Body Blade • UE on uneven surfaces • Serratus wall slide with band <p><i>Stretching</i></p> <ul style="list-style-type: none"> • ER at 90 degrees ABD • Hands behind head

PHASE V: STRENGTHENING PHASE
(WEEKS 12-16 AFTER SURGERY) CONTINUED

<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • No pain or tenderness • 5/5 shoulder strength • Satisfactory shoulder stability • Use Quick DASH and/or PENN shoulder scale • Upper Extremity Functional Assessment <ul style="list-style-type: none"> ◦ Full pain-free PROM and AROM ◦ Joint position sense < 5-degree margin of error ◦ Strength 85% of uninvolved arm with isokinetic testing or handheld dynamometer ◦ ER/IR ratio > 64% ◦ Scapular dyskinesis test symmetrical ◦ Functional performance and shoulder endurance tests > 85% of uninvolved arm ◦ Males > 21 taps; females > 23 taps on CKQUEST • Negative impingement and stability signs • Performs all exercises with symmetric scapular mechanics
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PHASE VI: UNRESTRICTED RETURN TO SPORT
(MONTHS 4-6 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Maintain full pain-free ROM • Enhance functional use of upper extremity • Gradual return to strenuous work activities • Gradual return to recreational activities • Gradual return to sports activities
<p>Additional Intervention *Continue with Phase III-V interventions</p>	<ul style="list-style-type: none"> • Continue strengthening and motor control exercises • Begin throwing and overhead sport activities - per MD approval • Progress into plyometrics <p>Refer to specific return-to-sport protocols/throwing programs (coordinate with surgeon)</p>
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • Last stage, no additional criteria

For further assistance or to schedule an appointment, please contact **iOrtho - The Orthopedic Institute** at **833-464-6784** or visit our website at **iorthomd.com** to text/email us. Our team is dedicated to providing personalized care and guidance throughout your rehabilitation journey.