



THE STONE CLINIC
ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND REHABILITATION

BANKART REPAIR
Post Operative Rehabilitation Protocol

General Considerations:

- Use of a sling for 4 weeks post-op unless otherwise indicated.
- Okay to shower once surgical portals are dry.
- Arm is restricted from these movements for 4 weeks:
 - * Extension (ext) past the plane of the body.
 - * External rotation (ER) greater than 0 degrees (straight in front); extensive repairs may require more restrictions .
 - * For posterior repairs, avoid any internal rotation (IR) past the body.
- No passive forceful stretching into external rotation/extension for 3 months following an anterior repair and into internal rotation for a posterior repair.
- Maintenance of good postural positioning when performing all exercises.
- Aerobic conditioning throughout the rehabilitation process .
- M.D./nurse follow-ups Day 2, Day 14, 1 month, 4 months, 6 months and 1 year.
- All active exercises should be carefully monitored to minimize substitution or compensation.

Week 1 post-op:

- Nurse visit Day 2 to inspect surgical dressing and review home program.
- Ice shoulder every 2 hours for 15-20 min during wake hours for first 2 weeks.

Manual- effleurage, soft tissue mobilization to surrounding musculature, gentle scapula glides.

Exercise: -Home program to consist of:

- Elbow flexion / extension, wrist and forearm strengthening, cervical stretches, postural education and exercises.
- *It is important to come out of the sling frequently to bend and straighten elbow for 10-15 repetitions each time to minimize arm and hand swelling.
- Stationary bike, stair machine, and Versa Climber without putting weight on arms.

Goals:

- Decrease pain and edema.
- Initiate passive range of motion to shoulder per restrictions (anterior- no ER/Ext, posterior-no IR).
- Passive range of motion < 50 degrees flexion/scaption.
- Full elbow range of motion.

Weeks 2 - 4 post-op:

Manual: effleurage, soft tissue mobilization to surrounding musculature, gentle scapula glides
Pain control (i.e. cryotherapy, massage, and electric stimulation).

Exercise: -Begin isometrics in all planes as tolerated.
-General conditioning as tolerated (include trunk flexion & extension exercises).

Goals:

- Decrease pain and edema.
- Passive range of motion < 90 degrees flexion/scaption.

Weeks 4 - 6 weeks:

MD appointment at 4 weeks, discharge sling if approved by MD.



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Manual: - Soft tissue mobilization to surrounding musculature, initiate scar mobilization to surgical incisions if completely closed.

Exercise: -Passive and active assisted flexion out to the scapular plane as tolerated (cane exercises, wall walking, table slide).
-Progress to active exercises from flexion into the scapular plane against gravity as tolerated
*No resistance until able to perform 30 reps with perfect mechanics.
-Isotonic wrist, forearm, and scapular exercises.
-Theraband resisted pulldowns from the front and the scapular plane; elbow flexion; submaximal isometrics (as dictated by pain); active scapular elevation, depression, and retraction exercises; light weight bearing
-Upper body ergometer with light to no resistance only.
-Add proprioceptive training (alphabet writing, fine motor skills, work / sport specific).

Goal:

Out of sling; minimal resting pain.
Initiate active range of motion flexion/scaption.

6 - 8 weeks post-op:

Manual: Continue with soft tissue mobilization, range of motion.

Exercise:-Continue to increase active range of motion exercises as tolerated (serratus anterior, upper and lower trapezius); add eccentrics into protected ranges.
-Okay to begin LIGHT stretching into external rotation.
-Okay to begin LIGHT glenohumeral joint mobilization.
-Okay to add light resistance internal rotation exercises from 0 degrees to the body only
-Increase proprioceptive training (prone on elbows, quadruped position / "on all four's" for rhythmic stabilization).
-Upper body ergometer (UBE) with increasing resistance.

Goals:

Range of motion greater than 80% of normal, initiate tolerance to hand behind head/back exercises.
Initiate jogging, road cycling, and standing arm resistance exercises in the pool.

8 - 12 weeks post-op:

-Emphasis on regaining strength and endurance.
-Light proprioceptive neuromuscular facilitation (PNF) patterns.
-active range of motion exercises to include internal rotation and external rotation as motion allows, lateral raises and supraspinatus isolation, rower with a high seat, decline bench press, military press in front of body.
-Running, road or mountain biking; no activities with forceful, ballistic arm movement.

3 - 6 months:

MD appointment at 12 weeks.

- Aggressive stretching; begin strenuous resistive exercises.
- Add light throwing exercises with attention to proper mechanics.



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6 months:

- Increase throwing program/sport-specific program. Focus on return to sports as mechanics, conditioning, and strength allow.