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Rehabilitation Guideline for Bankart Repair

Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult MUST stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.
- Do not take baths or soak the incision until 2 weeks after surgery.

Pain and Swelling

- Ice your shoulder as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- You need to leave your arm in the sling to hold the bottom of the steering wheel, and should not actively raise your arm until cleared by physical therapy. Most people begin driving around 2 weeks after surgery but use your judgment as to whether you feel ready to drive.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (surgery - 2 weeks post op) **Date: _____**

Appointments	● Physical therapy appointments should begin 4-10 days after surgery ● Appointments with physician at 2 weeks post op
Rehabilitation Goals	● Protect the surgical site and shoulder ● Activate stabilizing muscles of the GH joint and scapula-thoracic joints ● Promote healing of tissue ● Control pain and inflammation ● Gradual Increase in ROM
Precautions	● Sling immobilization required for 3-4 weeks. Remove during the 4th week with ATC or Physical therapist ● Sensitivity to the axillary nerve is common ● No shoulder ER, abduction, or extension for 6 weeks to protect the repair
Range of Motion Exercises	● ROM: ○ ER- Week 2: 0-10 degrees ○ IR- Week 2: 0-45 degrees ○ Flexion/Elevation - Week 2: 0-60 degrees ● PROM- Scapular plane ● Pendulum exercises ● Rope/Pulley (flexion, scaption) ● Posterior capsule stretch ● Wand Exercises - all planes within limits ● Elbow, forearm and wrist active ROM ● Cervical spine and scapular active ROM
Suggested Therapeutic Exercises	● Initiate submaximal isometrics - pain free ● Desensitization techniques for axillary nerve distribution ● Postural exercises
Cardiovascular Exercises	● Walking, stationary bike - sling on ● No swimming or treadmill ● No running and jumping
Progression Criteria	● Full AROM in all planes ● 5/5 IR and ER strength at 0 degrees of shoulder abduction ● Negative apprehension and impingement signs

Phase II (3 - 6 weeks post op) **Date: _____**

Appointments	● Physical therapy appointments are once every 1-2 weeks ● Appointments with physician at 6 weeks post op
Rehabilitation Goals	● Full shoulder active ROM in all planes ● Progress shoulder ER ROM gradually to prevent over stressing the repair ● Strengthen shoulder and scapular stabilizers in protected position (0-45 degrees abduction) ● Begin proprioceptive and dynamic neuromuscular control retraining
Precautions	● Avoid passive and forceful movements into shoulder ER, extension and horizontal abduction ● Discharge brace at 3-4 weeks post op
Range of Motion	● ROM:

Exercises	○ ER - ■ Week 3: 0-20 degrees ■ Week 6: 0-30 degrees ○ IR ■ Week 3: 0-60 ■ Week 6: Full ROM ○ Flexion/Elevation ■ Week 3: 0-90 degrees ■ Week 6: 0-140 degrees ● PROM and AROM ● Pendulum exercises ● Rope/Pulley (flexion, scaption) ● Posterior capsule stretch ● Wand Exercises - all planes within limits ● Manual stretching and grade I-II joint mobs
Suggested Therapeutic Exercises	● Continue isometric activities as in Phase I ● Initiate supine rhythmic stabilization at 90 degrees flexion ● Initiate IR/ER at neutral with tubing ● Initiate sidelying ER ● Push up Progression ● Prone horizontal abduction (100, 90 degrees) extension ● Initiate flexion, scaption, empty can ● Initiate scapular stabilizer strengthening ● Concentrate on eccentric activities ● Postural exercises ● Core strengthening
Cardiovascular Exercise	● Walking, stationary bike, stairmaster ● No swimming or treadmill ● Avoid running and jumping until full RTC strength in neutral position due to the distractive forces that can occur at landing
Progression Criteria	● Full shoulder AROM ● Negative apprehension and impingement signs ● 5/5 shoulder IR and ER strength at 45 degrees abduction

Phase III (7 - 12 weeks post op) **Date: _____**

Appointments	● Physical therapy appointments once every 2-3 weeks ● Appointments with physician 12 weeks post op
Rehabilitation Goals	● Minimize pain and swelling ● Improve upper extremity strength and endurance ● Enhance neuromuscular control ● Normalize arthrokinematics ● Full shoulder AROM in all planes with normal scapulohumeral movement ● 5/5 RTC strength at 90 degrees abduction in the scapular plane ● 5/5 peri-scapular strength
Precautions	● All exercises and activities to remain at low to medium velocity ● Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm ● No swimming, throwing, or sports
Range of Motion	● ROM

Exercises	○ ER ■ Week 8: 90 degrees abduction 0-75 degrees ○ Flexion/Elevation ■ Week 8: 0-160 degrees ● Full AROM at week 10 ● PROM and AAROM- scapular plane ● Posterior glides if posterior capsule tightness is present. More aggressive ROM if limitations are still present
Suggested Therapeutic Exercises	● Continue all strengthening from previous phases increasing resistance and repetition ● Initiate PNF patterns with theraband ● Manual resisted PNF patterns in supine ● Week 8-10 Initiate plyotoss chest pass ● Week 10-12 Initiate isokinetic IR/ER at neutral ● Flexion in prone, horizontal abduction in prone, full can exercise, D1 and D2 diagonal exercises in standing ● Theraband/cable column/ dumbbell (light resistance/ high rep) IR and ER in 90 degrees abduction and rowing ● Balance board in push up position (with rhythmic stabilization), prone swiss ball workouts, rapid alternation movements in supine D2 diagonal. Closed chain stabilization with narrow base of support
Cardiovascular Exercise	● Walking, biking, stair master and running (if Phase II criteria has been met) ● No swimming
Return to Sport/ Work Criteria	● May progress to Phase IV if they have met all goals and have no apprehension or impingement signs

Phase IV (13 - 18 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy at their discretion ● Appointments with physician 18 weeks post op
Rehabilitation Goals	● Full ROM ● Maximize neuromuscular control ● Initiate sport/work specific training/functional training
Precautions	● Progress gradually into provocative exercises by beginning with low velocity known movement patterns
Range of Motion Exercises	● Continue with all ROM activities from previous phases if needed ● Posterior glides if posterior capsule tightness is present ● Towel stretching ● Grade III-IV joint mobs as needed for full ROM
Suggested Therapeutic Exercises	● Week 12-16: Initiate light plyometric program ● Week 16: Initiate interval throwing program (sport/work specific) ● Progress strengthening program with increase in resistance and high speed repetition ● Progress with eccentric strengthening of posterior cuff and scapular musculature ● Initiate single arm plyotoss ● Progress rhythmic stabilization to include standing PNF patterns with tubing ● Initiate military press, bench press, and lat pulldowns ● Initiate sport specific drills and functional activities ● Dumbbell and medicine ball exercises that incorporate trunk rotation and control

	with RTC strengthening at 90° abduction. Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises ● Thera band/cable column/dumbbell IR and ER in 90° abduction and rowing ● Progress isokinetics to 90 degrees of abduction at high speeds
Cardiovascular Exercise	● Walking, biking, stairmaster ● Begin running program (if phase 3 criteria has been met)
Progression Criteria	● May progress to Phase V if they have met the goals and have no apprehension or impingement signs

Phase V (19 - 24 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy at their discretion ● Appointments with physician 24 weeks post op
Rehabilitation Goals	● Patient demonstrates ability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc.) ● No apprehension or instability with high velocity overhead movements ● Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder ● Work cardiovascular endurance for specific sport demands
Precautions	● Progress gradually into sports/work specific movement patterns
Range of Motion Exercises	● Posterior glides if posterior capsule tightness is present
Suggested Therapeutic Exercises	● Dumbbell in medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocity‘s. Begin working towards more specific activities ● Initiate sport specific programs throwing program or return to sport depending on the athletes main sport and goal ● High velocity strengthening and dynamic control such as inertial, plyometrics, rapid therapy and drills
Cardiovascular Exercise	● Design to use sports specific energy systems ● Running program
Return to Sport/ Work Criteria	● Patient may return to sport/work after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer

Comments:

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Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****