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ARTHROSCOPIC BANKART REPAIR PROTOCOL

Dr. Matthew Crawford

This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress of the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level of functional activity, the patient requires

adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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Phase 1: Week 1-3
Bankart Repair-Scope

WEEK		EXERCISE	GOAL
1-3	ROM	Passive range of motion-scapular plane	Gradual ↑
		External rotation	0-10 ⁰ wk 2
		Internal rotation	0-20 ⁰ wk 3
			0-45 ⁰ wk
		Passive and AAROM	0-60 ⁰ wk 3
		Flexion/Elevation	0-60 ⁰ wk2
			0-90 ⁰ wk 3
		Pendulum exercises	
		Rope/Pulley (flex, scaption)	
		Wand exercises-all planes within limitations	
		Posterior capsule stretching	
		Manual stretching and Grade I-II joint mobs	
		NO ACTIVE ER, ABDUCTION, OR EXTENSION	
		STRENGTH	
		Initiate submaximal isometrics-PAIN FREE	
		BRACE	
		Brace for 3 weeks or as noted by Dr. Crawford	
		Brace removed for exercises above	
		MODALITIES	
		E-stim as needed	
		Ice 15-20 minutes	

GOALS OF PHASE:

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

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Phase 2: Week 3-6
Bankart Repair-Scope

WEEK	EXERCISE	GOAL
3-6	<p style="text-align: center;">ROM</p> <p>Passive and AAROM-scapular plane</p> <p style="padding-left: 40px;">External rotation</p> <p style="padding-left: 40px;">Internal rotation</p> <p>Passive and AAROM</p> <p style="padding-left: 40px;">Flexion/Elevation</p> <p>Pendulum exercises</p> <p>Posterior capsule stretch</p> <p>Rope/Pulley (flex, abd, scaption)</p> <p>Wand exercises-all planes within limitations</p> <p>Manual stretching and Grade II-III to reach goals</p> <p style="text-align: center;">STRENGTH</p> <p>Continue isometric activities as in Phase 1</p> <p>Initiate supine rhythmic stabilization at 90⁰ flexion</p> <p>Initiate UBE for endurance</p> <p>Initiate IR/ER at neutral with tubing</p> <p>Initiate sidelying ER</p> <p>Push-up progression</p> <p>Prone horizontal abduction (100⁰, 90⁰), extension</p> <p>Initiate flexion, scaption, empty can</p> <p>Initiate scapular stabilizer strengthening</p> <p>Concentrate on eccentric activities</p> <p style="text-align: center;">BRACE</p> <p style="padding-left: 40px;">Discharge brace end of week 3</p> <p style="text-align: center;">MODALITIES</p> <p style="padding-left: 40px;">Ice 15-20 minutes</p>	<p>Gradual ↑</p> <p>0-30⁰ wk 6</p> <p>FROM wk 6</p> <p>0-140⁰ wk 6</p> <p>D/C wk 3</p>

GOALS OF PHASE:

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase of ROM

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Phase 3: Weeks 6-12
Bankart Repair-Scope

WEEK		EXERCISE	GOAL
6-12	ROM	Passive and AAROM-scapular plane External rotation-90° abduction	Full ROM 10 wks 0-75° wk 8
		Passive and AAROM Flexion/Elevation	0-160° wk 8
	STRENGTH	Continue all strengthening from previous phases increasing resistance and repetition Initiate plyotoss chest pass at wk 8-10 Initiate PNF patterns with theraband Manual resisted PNF patterns in supine UBE for strength and endurance Initiate isokinetic IR/ER at neutral at wk 10-12	
	MODALITIES	Ice 15-20 minutes	

GOALS OF PHASE:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

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Phase 4: Weeks 12-24
Bankart Repair-Scope

WEEK
12-24

EXERCISE

ROM

Continue with all ROM activities from previous phases
Posterior capsule stretching
Towel stretching
Grade III-IV joint mobs as needed for full ROM

STRENGTH

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 activities to include standing PNF patterns with tubing
UBE for strength and endurance
Initiate military press, bench press, and lat pulldowns
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16
Initiate light plyometric program week 12-16
Progress isokinetics to 90⁰ of abduction at high speeds

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training