Conservative Bankart Lesion

**Precautions:**
- Avoid placing the joint capsule under stress by stretching into abduction or ER during the early phases of rehabilitation, until dynamic joint stability is restored.
- Avoid activities in extreme ROM's early in the rehabilitation process

**Factors affecting recovery time:**
- Severity of symptoms
- Length of time instability has presented
- Age and activity level of patient
- ROM/strength status
- Desired goals and activities

**Phase I (Acute Motion Phase)**
- Goals and requirements to progress to next phase:
  - Establish pain-free ROM
  - Decrease pain and inflammation
  - Establish good scapulothoracic rhythm
  - Improve proprioception
- Decrease Pain/Inflammation:
  - Sling as needed for comfort
  - Therapeutic modalities (ice, compression, e-stim)
  - Grade I/II joint mobilizations for pain control
    - **DO NOT STRETCH THE JOINT CAPSULE**
- Range of Motion Exercises:
  - Gentle ROM only, no stretching
  - Pendulums
  - Rope and pulley exercises
    - In the scapular plane as tolerated
  - AAROM exercises
    - Flexion
    - IR/ER with arm abducted to 30 degrees
    - Progress to 45 then to 90 degrees of abduction
    - **DO NOT PUSH INTO ER OR HORIZONTAL ABDUCTION OR COMBINED ER/ABDUCTION**
- Strengthening/Proprioception Exercises:
  - Isometrics (arm at side)
    - Flexion
    - Abduction
    - Extension
    - IR (multi-angles)
    - ER (scapular plane)
    - Biceps
    - Scapular retraction/protraction and elevation/depression
o Rhythmic Stabilization
  - ER/IR in scapular plane
  - Flexion/extension at 100 degrees of flexion, 20 degrees of horizontal abduction
  - Scapular protraction/retraction, shrugs, depression
o Weight shifts (CKC in scapular plane)
o Proprioceptive drills

**Phase II (Intermediate Phase)**

- Goals and requirements to progress to next phase:
  o Regain and improve muscle strength
  o Normalize arthrokinematics
  o Improve proprioception
  o Improve neuromuscular control of the shoulder complex
  o Normal scapulothoracic rhythm with AROM below 90 degrees
- Initiate Isotonic Strengthening
- Emphasis on ER and Scapular Strengthening
  o ER/IR theraband exercises
  o Scaption with ER (full can)
  o Abduction to 90 degrees
  o Sidelying ER to 45 degrees
  o Shoulder shrugs
  o Prone extension to neutral
  o Prone horizontal adduction
  o Prone rowing
  o Lower trapezius
  o Biceps
  o Wall/table pushups
  o Triceps
- Improve neuromuscular control of the Shoulder Complex
  o Initiation of PNF
  o Rhythmic stabilization drills
    - ER/IR at 90 degrees of abduction
    - Flexion/extension/horizontal abduction (neutral rotation) at 100 degrees of flexion, and 20 degrees of horizontal abduction
    - Progress to mid and end ROM
  o Progress OKC program
    - PNF
    - Manual resistance ER (supine then sidelying,) prone row
    - ER/IR using Theraband with stabilization
  o Progress CKC exercises with rhythmic stabilization
    - Wall stabilization on ball
    - Static holds in pushup position on ball
    - Pushup on rocker board
Core stabilization
- Abdominal strengthening
- Trunk/low back strengthening
- Gluteal strengthening

Modalities
- Continue as needed for pain control

Phase III (Advanced Strengthening Phase)
- Goals:
  - Improve strength/power/endurance
  - Improve neuromuscular control
    - Enhance dynamic stabilization
  - Prepare patient/athlete for activity
  - Full/normal ROM
- Criteria to progress to Phase III:
  - Full pain-free ROM
  - No palpable tenderness
  - Good to normal muscle strength and scapulothoracic rhythm through full ROM
- Strengthening (PRE's):
  - Continue previous exercises
  - Progress to end-range stabilization
  - Progress to full ROM strengthening
  - Progress to bench press (upper arms to parallel to floor only)
  - Progress to machine rowing and lat pull downs in restricted ROM
- Emphasize PNF
- Advanced neuromuscular control drills (for athletes):
  - Pushups on ball or rockerboard with rhythmic stabilization
  - Manual scapular control drills
- Endurance training:
  - Timed bouts of exercise 30-60 seconds
  - Increase reps
  - Multiple bouts throughout day (3x)
- Initiate plyometric training:
  - 2-hand drills
    - Chest pass
    - Side to side
    - Overhead
  - Progress to 1-hand drills
    - 90/90 throws
    - Wall dribbles
- Modalities:
  - As needed
Phase IV (Return to Activity Phase)

• Goals:
  o Maintain optimal level of strength/power/endurance
  o Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport

• Criteria to progress to Phase IV:
  o Full ROM
  o No pain or palpable tenderness
  o Satisfactory isokinetic test
  o Satisfactory clinical exam

• Continue all exercises in Phase III
• Initiate Interval Sport Program (as appropriate)
• Modalities:
  o As needed

Follow Up

• Isokinetic test
• Progress Interval Program
• Maintenance of Exercise Program

Adapted From: