

Posterior Stabilization/Bankart Repair

*Do no overstretch healing tissues.

Phase I (1 - 5 days post-op)

- · Wound care: monitor surgical site
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling: to be worn continuously, except in therapy or during exercise sessions
- ROM: Elbow, wrist, and hand
- Exercises: None

Phase II (5 days – 4 weeks post-op)

- Wound care: monitor site/scar management techniques
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling: to be worn continuously, except in therapy or during exercise sessions
- PROM:
 - o Flexion to 90 degrees
 - Abduction to 90 degrees
 - ER at 45 degrees of abduction to 30 degrees
- Exercises:
 - o Elbow, wrist, and hand AROM
 - o Fitness exercises limited to recumbent bike
 - o GH joint mobilizations grade I/II for pain control

Phase III (4 weeks – 10 weeks post-op)

- Sling:
 - At 4 weeks, D/C use at home & remove abduction pillow
 - Until 6 weeks, must continue to wear sling outdoors or in public settings. D/C sling at 6 weeks
- ROM:
 - o At 4-6 weeks:
 - Progress AAROM
 - Begin AROM
 - o IR at 45 degrees abduction to 35 degrees
 - o At 6-10 weeks:
 - By 10 weeks, progress AROM/PROM to WNLs for patient, except IR at 45 degrees abduction to 35 degrees

Initiation Date: 1-7-13 Revised Date: 8-20-14

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- Strengthening:
 - o At 4-6 weeks:
 - Isometric strengthening with elbow at 90 degrees and arm at side
 - Scapular stabilization exercises
 - o At 6-10 weeks:
 - Light theraband at 0 degrees of abduction
 - Progress to resisted strengthening with dumbbells
 - Initiate body blade and rhythmic stabilization

Phase IV (10+ weeks post-op)

- ROM:
 - o At 12 weeks.
 - Start full IR ROM and capsular stretching
 - Goal of full AROM in all planes
- Strengthening:
 - Advance as tolerated all shoulder musculature
 - Can include plyometric and proprioceptive training routines
 - At 10 weeks, 2 handed plyometrics
 - At 12 weeks, progress to single handed plyometrics

Phase V (16+ weeks post-op)

- Athletes can begin a return to throwing program (contact physician before beginning)
- Gradual resumption of supervised specific exercise
- Return to non-contact sports possible for some athletes by 3 months
- Contact/collision sport after 6 months if athlete is compliant
- Max medical improvement for athletic activities by 12 months post-op
- No weight training until 8 months post-op

Adapted From:

1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby 2003.

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