Anterior Stabilization/Bankart Repair

*If surgery was performed by Dr. VanThiel, please see vanthielmd.com for therapy protocol.

**Precautions:** *Avoid* combined ER/ABDUCTION. At 10 weeks, if the patient needs combined ER/Abduction, call physician for permission to begin this activity. *Avoid* resisted ER. All advanced exercises need to follow the phase ROM restrictions.

**Remplissage**

*If remplissage procedure is performed, use this same protocol, but progress at a slower rate, per patient tolerance. Follow physician’s special instruction and contact physician with any questions.

*Do not overstretch healing tissues.

**Phase I (1 – 5 days post-op)**

- **Goals:**
  - Maintain integrity of the repair
  - Gradually increased PROM
  - Diminish pain and inflammation
  - Prevent muscular inhibition
- **Wound care:** Monitor surgical site
- **Modalities:** prn for pain and inflammation (ice, IFC)
- **Sling:** Ultrasling to be worn continuously except in therapy or during exercise sessions
- **ROM:** AROM of elbow, wrist, and hand. NO PROM

**Phase II (5 days – 4 weeks post-op)**

- **Wound care:** Monitor site/scar management techniques
- **Modalities:** prn for pain and inflammation (ice, IFC)
- **Sling:** Until 4 weeks, Ultrasling to be worn continuously except in therapy and during exercise sessions. Until 6 weeks, continue to wear sling outdoors or in public settings.
- **ROM:**
  - At 2 weeks AROM/PROM:
    - Flexion: to 120 degrees
    - Abduction: to 90 degrees
    - ER/IR: in scapular plane (no pain or resistance); ER at 0 degrees of abduction to 30 degrees
      - Caution with ER: no abd/ER combo
- **Exercises:*** At 2 weeks:
  - Pendulum exercises 4-8 times daily in flexion and circles
  - Scapular retraction with NO resistance
Elbow, wrist, and hand AROM
Fitness exercises limited to recumbent bike
Sub-max and pain free isometrics (elbow bent) at 25% effort
  - If subscap repair, use caution and see subscap protocol
UBE at low resistance
GH joint mobilizations grade I/II for pain control

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

- Goals:
  - Allow healing of soft tissue
  - Do NOT overstress healing tissue
  - Gradually restore full PROM (week 4-10) and AROM (week 6-10)
  - Decrease pain and inflammation
- Modalities: prn for pain and inflammation (ice, IFC)
- Sling:
  - At 4 weeks, D/C sling use of home.
  - Until 6 weeks, sling must continue to be worn outdoors or in a public setting. D/C sling at 6 weeks
- ROM:
  - At 4-6 weeks:
    - Gradually progress PROM/AROM to WNL’s for patient by 10 weeks
- Strengthening:
  - Beginning at 4 weeks:
    - 50% effort for isometric exercises, with elbow at 90 degrees of flexion
  - At 6-10 weeks:
    - Progress to resisted strengthening and light theraband (avoid combined abduction/ER )
    - At 8 weeks, initiate body blade and rhythmic stabilization

Phase IV (10+ weeks post-op)

- Goals:
  - Full AROM in all planes
  - Full strength to enable return to work/sport
  - Good scapular-humeral rhythm (may use biofeedback)
  - 80-90% normal strength
- ROM:
  - Avoid combined ER/Abduction unless athlete needs this specific ROM for sport or patient lacks significantly behind ROM goal for the stage (contact physician PRIOR to beginning ER/Abd combo)
• Strengthening:
  o 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 PRIOR to beginning throwing program)
• Gradual resumption of supervised sport specific exercise (contact physician PRIOR to beginning throwing program)
• Return to non-contact sports possible for some athletes by 3 months
• Contact/collision sports after 6 months, if patient is compliant
• Max medical improvement for athletic activities by 12 months post-op
• No weight training until 8 months
  o In general, avoid wide grip bench press, military press, and lat pull downs
  o Recommend all resistance training follow low weight and high repetition

Adapted From:

3) Brigham and Women’s Hospital: Arthroscopic Anterior Stabilization (with or without Bankart repair)
4) JOSPT. Volume 4, Number 3. March 2010. Pg. 159-168