

Posterior Stabilization/Bankart Repair

*Do not overstretch healing tissues.

Precautions: *Avoid* combined ABD/ER. If patient needs this, call physician for permission to begin this activity at 10 weeks post-op. *Avoid* resisted ER. All advanced exercises need to follow the phase ROM restrictions.

Remplissage: If this procedure was performed, use this same protocol, but progress at a slower rate, per patient tolerance. Follow physician's special instruction and contact physician's office with any questions.

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:
 - Flexion to 90 degrees
 - Abduction to 90 degrees
 - ER at 45 degrees of abduction to 30 degrees
 - IR at 0-45 degrees abduction to 10-15 degrees
- Exercises:
 - Elbow, wrist, and hand AROM
 - Pendulums
 - Fitness exercises limited to recumbent bike
 - 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:
 - At 4-6 weeks:
 - Gradually restore full PROM
 - Begin AAROM, progress to AROM
 - 4 weeks:
 - flex/abd to 60-70 degrees
 - ER at 45 degrees abduction to 10-15 degrees
 - IR at 45 degrees abduction to 15-20 degrees
 - 6 weeks:
 - flex/abd to 90-100 degrees
 - ER at 45 degrees abduction to 30-45 degrees
 - IR at 45 degrees abduction to 35 degrees
 - 8 weeks:
 - flex/abd to 120-125 degrees
 - ER at 45 degrees abduction to 45 degrees
 - IR at 45 degrees abduction to 45 degrees
 - By 10 weeks, progress AROM/PROM to WNLs for patient, except IR at 45 degrees abduction to 35 degrees
 - At 6-8 weeks:
 - Gradually restore full PROM
 - Begin AAROM, progress to AROM
- Strengthening:
 - At 4-6 weeks:
 - Isometric strengthening with elbow at 90 degrees and arm at side, pain-free, 50% effort
 - Begin UBE at low resistance, starting AAROM
 - At 6 weeks:
 - Prone scapular stabilization
 - Light theraband at 0 degrees of abduction
 - At 8 weeks:
 - Initiate body blade, rhythmic stabilization, PNF
 - Progress to resisted strengthening with dumbbells, avoiding combined abd/ER

Phase IV (10+ weeks post-op)

- Goals:
 - Progress to 70-80% of full non-painful AROM in all planes
 - Good scapular stability
 - 80-90% normal strength
- ROM:
 - At 12 weeks,
 - Start full IR ROM and capsular stretching
 - Goal of full AROM in all planes
 - Avoid combined abd/ER unless patient is an athlete and needs this specific ROM- contact physician's office prior to starting this

- 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 sport 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, unless otherwise approved by physician
 - In general, avoid wide grip bench press, military press, and lat pull downs
 - Recommend reissuance training to follow low weight and high rep

Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby 2003.
- 2) Wilk, KT. Advanced Continuing Education Institute, LLC. Anterior and Posterior Capsular Shift Rehabilitation Protocol, 2019.