

Anterior Stabilization/Bankart Repair

*If surgery was performed by Dr. VanThiel, please see www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols 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.

*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.

*Anterior stabilization progresses faster than posterior stabilization

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 of the shoulder.

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, but may remove abduction pillow

- ROM:

- At 2 weeks PROM:
 - Flexion: to 120 degrees
 - Abduction: to 90 degrees
 - ER at 0 degrees abduction to 30 degrees
 - IR at 45 degrees abduction to 45-60 degrees
- Exercises:
 - At 2 weeks:
 - Pendulum exercises 4-8 times daily in flexion and circles
 - Scapular retraction with NO resistance
 - Table walkouts within ROM limitations
 - 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 weeks:
 - Gradually progress PROM, flex/abd to 145 degrees as tolerated
 - Begin AAROM into flex/abd to 140 degrees, gradually progressing to AROM as tolerated

 - At 6 weeks:
 - Continue progressing AAROM/AROM
 - flex/abd to 145 degrees
 - ER at 45 degrees abduction to 55-60 degrees
 - IR at 45 degrees abduction to 55-60 degrees

- At 8 weeks:
 - Progress to full AROM
- Exercises/Strengthening:
 - At 4 weeks:
 - 50% effort for isometric exercises, with elbow at 90 degrees of flexion
 - Begin light UBE
 - At 6 weeks:
 - Prone scapular stabilization
 - At 8 weeks:
 - Add neuro re-education, rhythmic stabilization, PNF, body blade
 - Light resistance strengthening and theraband (avoid combined abduction/ER)

Phase IV (10+ weeks post-op)

- Goals:
 - Full non-painful AROM in all planes
 - Full strength to enable return to work/sport
 - Good scapular-humeral rhythm and stability (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:
 - 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
 - In general, avoid wide grip bench press, military press, and lat pull downs
 - Recommend all resistance training follow low weight and high repetition

Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003.
- 2) Wilk KE. Arthroscopic Anterior Bankart Repair. Advanced Continuing Education Institute, LLC. 2019.
- 3) Wilk KE. Arthroscopic Revision Anterior Bankart Repair. Advanced Continuing Education Institute, LLC. 2019.
- 4) Brigham and Women's Hospital: Arthroscopic Anterior Stabilization (with or without Bankart repair)
- 5) JOSPT. Volume 4, Number 3. March 2010. Pg. 159-168