Bruce A. Stewart, MD, MBA
Orthopaedic Surgeon/Sports Medicine Specialist
370 N. 120th Avenue
Holland MI 49424
P 616.396.5855

ARTHROSCOPIC BANKART REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:
• Control pain and inflammation
• Regain normal upper extremity strength and endurance
• Regain normal shoulder range of motion
• Achieve the level of function based on the orthopedic and patient goals
The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:
• Swelling of the shoulder and surrounding soft tissue
• Abnormal pain response, hypersensitive-an increase in night pain
• Severe range of motion limitations
• Weakness in the upper extremity musculature
Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

PHASE ONE—Weeks 1-3
EXERCISE GOAL
RANGE OF MOTION
Gradual Increase
Passive range of motion - scapular plane
External rotation 0-10° Week 2
0-20° Week 3
Internal rotation 0-45° Week 2
0-60° Week 3
Passive and AAROM
Flexion/Elevation 0-60° Week 2
0-90° Week 3
Pendulum exercises
Rope/Pulley (flex, scaption)
Wand exercises - all planes within limitations
Posterior capsule stretch
Manual stretching and Grade I-II joint mobs
NO ACTIVE ER, ABDUCTION, OR EXTENSION

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PHASE ONE—Weeks 1-3 (cont'd)
STRENGTH
Initiate submaximal isometrics - PAIN FREE
BRACE
Brace for 3 weeks or as noted by Dr. Stewart
Brace removed for exercises above
MODALITIES
E-stim as needed
Ice 15-20 minutes
GOALS OF PHASE ONE:
- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

PHASE TWO - Weeks 3-6
RANGE OF MOTION
Gradual Increase
Passive and AAROM - scapular plane
External rotation 0-30° Week 6
Internal rotation Full ROM Week 6
Passive and AAROM
Flexion/Elevation 0-140° Week 6
Pendulum exercises
Posterior capsule stretch
Rope/Pulley (flex, abd, scaption)
Wand exercises - all planes within limitation
Manual stretching and Grade II-III to reach goals
STRENGTH
Continue isometric activities as in Phase One
Initiate supine rhythmic stabilization at 90° flexion
Initiate UBE for endurance
Initiate IR/ER at neutral with tubing
Initiate sidelying ER
Push-up progression
Prone horizontal abduction (100°, 90°) extension
Initial flexion, scaption, empty can
Initiate scapular stabilizer strengthening
Concentrate on eccentric activities
BRACE
Discharge Week 3
MODALITIES
Ice 15-20 minutes
GOALS OF PHASE TWO:
- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in ROM

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PHASE THREE - Weeks 6-12
RANGE OF MOTION:
Full ROM 10 weeks
Passive and AAROM - scapular plane
External rotation with the shoulder at 90° of abduction (ABER position): 0-75° start Week 8
Passive and AAROM
Flexion/Elevation 0-160° Week 8
STRENGTH
Continue all strengthening from previous phases, increasing resistance and repetition
Initiate Plyotoss chest pass at weeks 8-10
Initiate PNF patterns with theraband
Manual resisted PNF patterns in supine
UBE for strength and endurance
Initiate Isokinetic IR/ER at neutral at weeks 10-12
MODALITIES
Ice 15-20 minutes
GOALS OF PHASE THREE:
- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

PHASE FOUR - Weeks 12-24
RANGE OF MOTION
Continue with all ROM activities from previous phases
Posterior capsule stretching
Towel stretching
Grade III-IV joint mobs as needed for full ROM
STRENGTH
Progress strengthening program with increase in resistance and high speed repetition
Progress with eccentric strengthening of posterior cuff and scapular musculature
Initiate single arm Plyotoss
Progress rhythmic stabilization activities to include standing PNF patterns with tubing
UBE for strength and endurance
Initiate military press, bench press, and lat pull downs
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16
Initiate light plyometric program weeks 12-16
Progress isokinetics to 90° of abduction at high speeds
MODALITIES
Ice 15-20 minutes
GOALS OF PHASE FOUR:
- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/function training