

Bankart Arthroscopic Repair Protocol

Definition: A Bankart lesion is when the anterior/inferior portion of the labrum is torn away from the glenoid fossa. Repairing this lesion requires anchoring the labrum back onto the glenoid fossa. This procedure used to require a large incision to open up the shoulder for repair, but with new technology, we can now use an arthroscope to perform this surgery.

General Information:

- Time required for a full recovery is typically 5-6 months.
- There may be a slight loss of external range of motion (5 degrees or less), when compared to the opposite shoulder, but the motion is usually adequate for most activities.

Immobilization:

- You will leave the surgery center in a shoulder sling. The sling should be worn constantly for the first 48-72 hours, except during rehabilitation.
- After 3 days, the sling can be removed for light activity during the day, but when not doing exercises working on elbow and wrist ROM, the sling shall be worn both during the day and at night for 6 weeks
- At the 6 week post surgery date, you may discontinue use of the sling during the day and at night.

Getting Your Incision Wet:

- You may not shower until after your first follow-up when your doctor has changed your dressings and evaluated your incisions.
- You may submerge in water (pool, bath tub) 4 weeks after your surgery.

Week 1 post/op:

1st Post/Op Visit:

- Wound Check: Your wound will be inspected to make sure that it is healing properly.
- Patient education:
 - **ROM**: No active shoulder motion in any plane for 4 weeks. External rotation will be limited to 15°.
 - o **SLING**: Sling use as directed by the physician's protocol.
 - o **MODALITIES**: Ice 3-5 times per day for 20 minutes.
 - o **EXERCISES**:
 - Codman's pendulum exercises without weight

- Clockwise
- Counterclockwise
- Side-to-side
- Front to back
- AAROM exercises to the patients tolerance with wand or cane
 - Flexion
 - Abduction
 - External rotation to 15° only
- AROM exercises
 - Elbow flexion/extension
 - Wrist flexion/extension
 - Wrist supination/pronation
- Modalities
 - Ice 3-5 times per day for 20 minutes
 - Other modalities PRN

Week 2 post/op:

- **Wound Check:** Sutures removed 7-10 days post/op.
- **ROM**: No AROM in any plane. External rotation is still limited to 15°.
- Sling: Patient may be out of the sling during the day, but must wear the sling at night.
- **Modalities**: Continue icing 3-5 times per day for 20 minutes.
- Exercises:
 - o Codman's pendulum exercises without weight
 - o AAROM to patient's tolerance with wand or cane
 - Add Isometric exercises
 - Shoulder flexion/extension
 - Shoulder abduction/adduction
 - Shoulder external rotation
 - Progressive Resistive Exercises
 - Shoulder shrugs
 - Triceps/shoulder extension
 - Biceps curls
 - Scapular retraction-prone
 - Wrist flexion/extension
 - Wrist supination/pronation
 - Gripping exercises
 - Joint Mobilizations
 - Grade I to II as indicated

Week 3 post/op:

- Wound Check
- **ROM**: No AROM in any plane. External rotation is still limited to 15°.
- Sling: Patient may be out of the sling during the day, but must wear the sling at night.
- **Modalities**: Ice the shoulder as needed up to 5 times per day for 30 minutes.

• Exercises:

- o AAROM
 - Upper Body Ergometer (UBE) in forward and reverse motion
 - Pulley system, wall climbs, finger ladder
- o Codman's pendulum exercises with light weight
- Isometric exercises as previous
- o Progressive resistance exercises as previous
- Joint Mobilizations: Grade I/II as indicated

Week 4-5 post/op:

- Scar mobility
- **ROM:** AROM in all planes, but limit external rotation to 30°.
- **Sling:** Continue to wear the sling at night time only.
- Modalities: Ice the shoulder as needed up to 5 times per day for 20 minutes
- Exercises:
 - o AROM
 - All planes, limit ER to 30°
 - UBE, forward and reverse
 - o Progressive resistance exercises as previous
 - Add Serratus Punch, supine without weight
 - Add Body Blade
 - One handed grip in neutral position
 - Two handed grip in front
 - Opposite diagonal pattern
 - o Joint Mobilizations: Grade I/II as indicated

Week 6-7 post/op:

- **ROM:** AROM in all planes, but limit external rotation to 45°
- Sling: Discontinue usage of the sling at night
- Modalities: Ice the shoulder as needed
- Exercises:
 - o AROM
 - All planes, but limit external rotation to 45°
 - UBE, forward/reverse and standing off to the side clockwise/counter clockwise
 - Progressive resistance exercises as previous
 - Add shoulder internal/external rotation with low resistance theraband (limit ER to 45°)
 - Add wall push-ups with a +, hands in neutral position
 - o Joint Mobilizations: Grade I/II as indicated

Week 8-9 post/op:

• **ROM**: Full PROM, limit external rotation to 60°

• Exercise:

- o Progressive resistance exercises continue as previous, adding:
 - Shoulder flexion/scaption/abduction
 - Scapular retraction
 - Prone Fly
 - Prone extension
- Body Blade
 - One-handed grip, abduction to 90°
 - Two-handed grip, flexion to 90°
- Plyoball
 - Circles on the wall, clockwise and counterclockwise, 1 minute each direction
 - Squares on the wall, clockwise and counterclockwise, 1 minute each direction
- Joint Mobilizations: Grade I/II as indicated

Week 10-11 post/op:

- **ROM:** Full PROM, limit external rotation to 75°
- Exercise:
 - o Progressive resistant exercises as previous, adding
 - Push ups
 - Step up push up in quadruped position
 - Plyoball diagonal patterns
 - Fitter
 - Side to side
 - Front & back
 - Stairmaster in quadruped
 - Treadmill in quadruped
 - Progress weight as tolerated by patient with closed and open chained exercises and proprioceptive activities.
 - o Joint Mobilizations as indicated

Week 12-15 post/op:

- **ROM:** Should have full AROM, external rotation to 90°.
- Exercises:
 - o Progressive resistance exercises as previous, adding
 - Body Blade diagonals, progressing to single leg stance
 - Push-ups with a + in push-up position
 - Step ups in push-up position
 - Joint Mobilizations as indicated

Week 16-23 post/op:

- **ROM:** Should have full AROM, external rotation 90°
- Exercises:
 - o Continue with PRE's, progressing with weight and endurance as tolerated

- o Begin sport specific exercises
- Joint Mobilizations as indicated

Week 24 post/op:

- Progression to full activity
- The progression of this rehabilitation protocol is typically between 4.5 6 months. Athletes who may be working with a PT or ATC on a daily basis may be able to progress through the protocol in the 4.5 months range, while individual who may be going to PT 2-3 times per week may take 6 months.