

Guidelines for Bankart Repair Rehabilitation

DISCLAIMER: The intent of this protocol is to provide therapists with guidelines for rehabilitation based on a review of the best available scientific literature for this type of surgical procedure performed by Dr. Avallone using his operative technique. It is not intended to serve as a substitute for sound clinical decision making. Therapists should consult with Dr. Avallone if they require assistance in the progression of post-operative patients.

I. Early Protective Phase (0-5 weeks)

a. Goals:

- **Protect surgical procedure (No internal rotation or posterior glides for posterior Bankart for 8 weeks)**
- Educate patient on procedure and therapeutic progression
- Regulate pain and control inflammation
- Initiate range of motion and dynamic stabilization

b. Treatment Plan (0-3 weeks):

- **Sling immobilization for Anterior Bankart for 2-4 weeks (External rotation brace for 4 weeks for Posterior Bankart)**
- Gripping exercises
- Elbow, wrist and hand ROM
- Pendulum exercises (weighted and unweighted)
- PROM to AAROM
- IR/ER proprioception training (controlled range)
- Initiate gentle alternating isometrics for IR/ER in scapular plane
- Initiate passive forward flexion to 90°
- Initiate scapular mobility

c. Treatment Plan (3-5 weeks):

- ROM progression
 1. Forward flexion to 110°-130°
 2. ER in scapular plane to 45°
 3. **IR in scapular plane to 60° (Anterior Bankart only)**
- Progress sub-maximal alternating isometrics for IR/ER in scapular plane
- Initiate scapular strengthening
 1. Manual scapular retraction
 2. Resisted band retraction
 - a. No shoulder extension past trunk
- Isometrics in all directions
- Continue bicep/tricep strengthening
- Initiate light band work for IR/ER

d. Milestones for Progression:

- Forward flexion to 110°-130°
- ER in scapular plane to 45°
- IR in scapular plane to 60°
- Tolerance of submax isometrics
- Knowledge of home care and contraindications

- Normalize mobility of related joints (AC/SC)

II. Intermediate Phase (5-8 weeks)

a. Goals (general)

- Normalize arthrokinematics
- Gains in neuromuscular control
- Normalization of posterior shoulder flexibility

b. Treatment Plan

- ROM progression
 1. Forward flexion to 150° - 165°
 2. ER in scapular plane to 65°
 3. Full IR in scapular plane
- Initiate joint mobilizations
- Initiate posterior capsular stretching
- Progress strengthening
 1. IR/ER band in scapular plane
 2. Side lying ER
 3. Full can (no weight if substitution patterns)
 4. CW/CCW ball against wall
 5. Initiate PNF patterns in available range
 6. Body blade at neutral or rhythmic stabilization

c. Milestones for progression

- Forward flexion to 150° - 165°
- ER in scapular plane to 65°
- Full IR in scapular plane
- Symmetrical posterior capsule mobility
- Progressing isotonic strength with IR/ER in available range

III. Strengthening Phase (8-14 weeks)

a. Goals (general)

- Normalize ROM
- Progression of strength
- Normalize scapulothoracic motion and strength
- Overhead activities without pain

b. Treatment Plan

- ROM progression: Initiate IR/ER at 90° of GH abduction
 1. Within 10° of full AROM in all planes
- Progression of scapular retractors and stabilizers
 1. Prone program; LT, MT, Rhmd
 2. LT; scapular depression
- Progress strengthening
 1. Challenging rhythmic stabilization
 2. UBE: forward and retro
 3. Bilateral ball against wall; progress w/ perturbation
 4. Initiate isokinetic IR/ER in scapular plane
 5. Initiate IR/ER at 90° of GH abduction
 6. Isotonic strengthening: flex, abd
 7. Closed kinetic chain (ckc) ther-ex

c. Milestones for progression

- Within 10° of full active range in scapular plane
- IR/ER <50% deficit
- <30% strength deficits; primary shoulder muscles and scapular stabilizers

IV. Advanced Strengthening Phase (14-24 weeks)

a. Goals (general)

- Pain free full ROM
- Improve muscular endurance
- Improve dynamic stability

b. Treatment Plan

- Maintain flexibility
- Progress strengthening
 1. Advanced ckc ther-ex
 2. Wall push-ups; w/wo ball
 3. Continue w/ overhead strengthening
 4. Continue w/ isokinetic IR/ER strengthening at 90° of GH abduction
 5. Advanced isotonic strengthening
 6. Advance rhythmic stabilization training in various ranges and positions
- Initiate plyometric strengthening
 1. Chest passes
 2. Trunk twists
 3. Overhead passes
 4. 90°/90° single arm plyos

c. Milestones for progression

- Strength deficit <20% for IR/ER at 90° of GH abduction
- <20% strength deficits throughout

V. Return to Activity and Sport Phase (6-9 months)

a. Goals (general)

- Pain free full ROM
- Normalized strength
- Return to sport/activity program

b. Treatment Plan

- Continue isokinetic training
- Continue with stability training
- Advance plyometric training
- Continue with ckc theraband exercises

c. Milestones for Activity

- Strength deficits <10% throughout
- Normalized closed kinetic chain testing
- Completion of return to sport/activity program

