



Anterior Bankart Repair Rehabilitation Protocol Nick Avallone, M.D.

MD visit at 7 days post-op

Physical therapy begins at 2 weeks post-op

Phase I: Early protective phase (0-6 weeks)

Goals

- Educate patient on procedure and therapeutic progression
- Regulate pain and control inflammation
- Initiate range of motion and dynamic stabilization

Program

- Sling for 6 weeks
- 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
- ROM progression
 - Forward flexion to 110°-130°
 - ER in scapular plane to 45°
 - IR in scapular plane to 60° (Anterior Bankart only)
- Progress sub-maximal alternating isometrics for IR/ER in scapular plane
- Initiate scapular strengthening
 - Manual scapular retraction
 - Resisted band retraction
 - No shoulder extension past trunk
- Isometrics in all directions
- Continue bicep/tricep strengthening
- Initiate light band work for IR/ER

Criteria to progress to phase II

- 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)

Phase II: Intermediate (6-8 weeks)

Goals

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

Program

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

Criteria to progress to phase III

- 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

Phase III: Strengthening (8-14 weeks)

Goals

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

Program

- ROM progression: Initiate IR/ER at 90° of GH abduction
 - Within 10° of full AROM in all planes
- Progression of scapular retractors and stabilizers
 - Prone program; LT, MT, Rhmd
 - LT; scapular depression
- Progress strengthening
 - Challenging rhythmic stabilization
 - UBE: forward and retro
 - Bilateral ball against wall; progress w/ perturbation
 - Initiate isokinetic IR/ER in scapular plane
 - Initiate IR/ER at 90° of GH abduction

- Isotonic strengthening: flex, abd
- Closed kinetic chain (ckc) ther-ex

Criteria to progress to phase IV

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

Phase IV: Advanced strengthening (14-24 weeks)

Goals

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

Program

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

Criteria to progress to phase V

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

Phase V: Return to activity and sport (6-9 months)

Goals

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

Program

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



Criteria to return to sport

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

The above protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the Physical Therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.