

Bankart Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

Weeks 0-3:

- Home exercise program given post-op including gentle Codman's, scapular squeezes, and elbow/wrist ROM

Weeks 4-6:

- Restrict motion to 90° FF/ 30° ER at side/ IR to stomach/ 45° ABD, PROM→ AAROM → AROM as tolerated
- No end range stretching
- Hold cross-body adduction until 6 weeks post-op
- Gentle isometric in sling for neuromuscular reeducation
- Abductor sling for 6 weeks
- Heat before/ice after PT sessions
- NMES for scapular stabilizers and rotator cuff
- **Limit stretching if patient is gaining motion back too quickly**

Weeks 6-8:

- DC sling
- Increase AROM 160° FF/ Full ER at side/ 160° ABD
- At 6 weeks: begin sub maximal isometrics
- At 7 weeks: begin IR behind back to waist
- Initiate strengthening with light bands within AROM limitations, horizontal abduction

exercises

- Start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc)
- Physical modalities per PT discretion

Weeks 8-12:

- **Avoid 90/90 stretching until 3 months**
- If ROM lacking, increase to full with gentle passive stretching at end ranges
- At 10 weeks: Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

Months 3-12:

- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (eg. body blade), and closed chain exercises at 12 weeks
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 6 months (Need MD approval to throw from pitcher's mound)
- MMI is usually at 12 months

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____