

Posterior Stabilization/Posterior 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

Weeks 0-3:

- Sling in neutral rotation for 6 weeks (gunslinger sling)
- Codman exercises, elbow and wrist ROM
- Wrist and grip strengthening

Weeks 3-6:

- Restrict to FF 90°/IR to stomach PROM → AAROM → AROM
- ER with arm at side as tolerated
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev.scap./etc)
- No cross-arm adduction, follow ROM restrictions
- Weekly check for tightness
- Heat before treatment, ice after treatment per therapist’s discretion
- DC sling at 6 weeks

Weeks 6-12:

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Once 140° active FF, advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Limit rotator cuff strengthening if signs of rotator cuff tendonitis
- Closed chain exercises

Months 3-12:

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex. weighted ball toss), proprioception (ex. body blade)

- Begin sports related rehab at 3 months, including advanced conditioning
- Gradually return to throwing at 4 ½ months – beginning with throwing mechanics
- Push-ups at 4 ½ - 6 months
- Throw from pitcher’s mound at 6 months
- MMI is usually at 12 months post-op

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** _____