

BANKART REPAIR

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Week 0-4 PT 1-2x per week HEP daily	Edema and pain control. ROM within precautions.	Sling except exercises & shower. ROM limits: Flexion/scaption: 90 deg. ER at side: to neutral only. IR at side: 45 deg. No ROM in true abduction plane.	Scapular ROM. PROM/AAROM within limits. Avoid true abduction plane. Pain free ROM. Education to avoid exceeding ROM limits even if they are performed pain free. No joint mobilization.
Week 4-6 PT 1-2x per week HEP Daily	Edema and pain control. Improve ROM within precautions.	Sling except exercises and shower. Sling discharge after week 4 complete for simple repair. Maintain through week 6 for complex cases, see bottom for details. If sling discharged at 4 weeks, no ADLs above shoulder height, no ADLs involving ER. ROM limits: Flexion/scaption: 125 deg. ER at side: 20 deg. IR at side: as tolerated, gentle stretch only. Avoid true abduction plane. Avoid ROM past discomfort.	Scapular ROM. PROM/AAROM within limits. Education to avoid exceeding ROM limits even if they are performed pain free. Gravity eliminated rotator cuff AROM (upright ER/IR with arm at side within precautions). Submaximal rotator cuff isometrics starting week 4. No joint mobilization.
Week 6-9 PT 1-2x per week HEP daily	Improve ROM within precautions. Initiate strength training.	ROM limits: Flexion/scaption: 155 deg. ER at side: 45 deg. ER at 90 deg abduction: 30deg IR: WNL No ROM in true abduction plane. Avoid ROM past discomfort. Do not initiate strengthening until overall pain low. 2lb maximum	PROM/AAROM within limits. AROM within ROM limits. Resistance training with minimal discomfort, elevation in scapular plane prior to pure flexion or abduction. Low weight, high reps. No plyometric or high-speed movements. No closed chain shoulder strengthening. No joint mobilization.

Week 9-12	ROM WNL	5lb maximum.	PROM/AAROM/AROM within limits.
PT 1x per week	Progress strength training.	Progress toward normal strength and ROM, avoid excess stretching.	Progress strength training within limits. No plyometric or high-speed movements.
HEP daily		Avoid plyometric activity.	No joint mobilization.
		Avoid strengthening in end ranges of motion.	Caution with light closed chain shoulder strengthening avoiding end ranges of motion.
Week 12-20	Ensure near normal strength and ROM prior to initiating more sport/activity specific training.	Avoid resisted or plyometric activity in extremes of ROM.	Sport/activity specific training:
PT 1x per week or less frequent with HEP.		Ensure normal strength and ROM prior to sport specific activity/training.	Begin with strength training in sport relevant ranges/positions, emphasize core and scapular strengthening relevant to sport/activity, slowly progress to light plyometrics in mid ranges of motion relevant to sport/activity.
		Return to sport clearance from surgeon.	
		Joint mobilization ok after week 12 if ROM is still limited but perform with caution.	Gradual build up in volume, intensity, range of motion, power while avoiding stress to antero-inferior labral structures.

Protocol designed to indicate full weeks completed, i.e. 4 weeks means end of the 4th week, not beginning of 4th week

Degrees= deg.

For bony repair, recurrent remplissage, global hypermobility or complex cases modify the following:

- Maintain sling except shower and exercise through protocol week 6
- No ROM until week 3 then resume ROM limits, no painful ROM
- No submaximal isometrics until week 6
- Anticipate slower ROM progression

Physician-Specific

Scheduling decision tree: When to begin therapy

- Schedule within 7-10 days
OR
- As Otherwise indicated in the patient's referral

Typical Schedule of follow-up visits with physician after surgery:

Dr. Below: 1, 6, 12, and 18 weeks

Typical Medications:

TED hose:

Dr. Below: 3 weeks

Dressings:

Dr. Below: Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)

Telehealth: