

Arthroscopic Bankart Repair Rehabilitation Program

The Gundersen Sports Medicine Bankart Repair Program is a criteria based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment.

Arthroscopic repairs need to be progressed slower than open repairs to prevent the most common complication of loss of fixation. **This program may also be used s/p capsular shift/plication.** Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-6 weeks	Phase II: 6-12 weeks	Phase III: 12 weeks+
Slings: ABD pillow 24 hrs day for 3- 4 wks. D/C per MD	Slings: Not applicable	Slings: Not applicable
PROM: ER: 0-30 in scaption for 4wks, increase to 50 by 6 wks. Flexion 0-90. Scaption 0-90. No Abduction or Extension. No terminal stretching	PROM: Goal: Full ROM by 10-12 wks. Flexion / Scaption / Abd progressively increase. Initiate gentle 90/90 ER at 6 wks with gradual progression to 90 deg by 12 wks.	PROM: Full with no restrictions
AAROM: see PROM	AAROM: see PROM	AAROM: Full with no restrictions
AROM: Initiate at 4 wks in scapular plane. Flexion 0-90 deg only, limit ER to 30 deg . Avoid extension	AROM: Full by 10-12 wks	AROM: Full with no restrictions
Modalities: Cryotherapy 3x/day IFC if c/o pain NMES	Modalities: Cryotherapy 3x/day IFC if c/o pain, NMES Biofeedback inhibition if compensatory shoulder shrug	Modalities: Cryotherapy NMES if specific muscle weakness
<p>RX: Recommendations: No AROM for 4 wks. Avoid excessive ER and ext. No overhead motions.</p> <p>Active warm-up: Codmans, UBE at 4 wks</p> <p>Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM see above AROM - see above Elbow / Wrist AROM</p> <p>Therapeutic exercises: Wrist/Hand exercises Sub-max pain-free isometrics shld flexion, Abd, ext 4 wks Sub-max IR/ER M<I in neutral to full IR Sidelying ER to 30 deg Sub-max rhythmic stabilizations IR/ER in neutral</p>	<p>RX: Recommendations: Sapega-McClure technique: 1. Active warm-up: UBE, Rower 2. Heat in stretch (1st TERT) TERT=Total End Range Time 3. Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM / AROM 4. Therapeutic exercises: Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER in scaption Sidelying ER Total arm strengthening Biceps curls / Triceps ext Rhythmic stabilizations OKC/CKC Perturbation training 8 wks Isokinetic IR/ER in 30/30/30 Prone ER with hor abduction Lower trapezius exercises 10 wks Isotonic IR/ER in 90/90 PNF patterns 11 wks Isokinetic IR/ER in 90/90 5. Ice in stretch (2nd TERT) 6. HEP for 3rd TERT</p> <p style="text-align: right;">Updated 11/03</p>	<p>RX: Recommendations: Sapega-McClure technique if needed (see previous) Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER Isokinetic IR/ER Prone strengthening exercises Lower trapezius exercises Total arm strength PNF patterns CKC exercises Rhythmic stabilizations OKC/CKC Perturbation training Plyometric exercises Sport-specific exercises if strength scores 75% or > and/or ER/IR ratio 2/3</p> <p>Testing: 20-24 wks Isokinetic IR/ER Test (30/30/30 or 90/90 if overhead athlete/laborer)</p> <p>Return to Work/Sport No Pain + Full ROM Isokinetic Test –90 Functional Testing – 90% MD approval 20-24 weeks Return to interval throwing program</p>

Arthroscopic Bankart Repair Rehabilitation Program

GUNDERSEN
HEALTH SYSTEM®

Bankart Repair Rehabilitation ROM Guidelines:

ROM: Goal full by 10-12 weeks. May have slight 90/90 ER deficit (10-15 deg)

0-6 weeks:

PROM/AAROM:

Flexion/scaption 0-90 deg. No abduction or Extension

ER: 0-30 deg for 4 weeks, then progress to 0-50 deg by 6 weeks

At 4 weeks post-op:

Add in AROM, starting in scapular plane. Elevation limited to 90 deg. Avoid ER >30 deg and extension beyond neutral.

At 6 weeks post-op:

ER: progress to 90/90 position

Gradual progress on range of motion with goal of full ROM by 12 weeks. May have a slight 90/90 ER deficit (10-15 deg)

Post-op wks	ROM Targets in degrees			
	ER at 20 deg	Flexion-Passive	Flexion- Active	90/90 ER
0-2	30	90		
2-4	30	90		
4-6	50 Active < 30	90	Initiate. 90	
6-8	50+ - WNL	120+	120+	Initiate. 45
8-10	WNL	150+	150+	60-75
10-12	WNL (5-10 deg deficit)	WNL	WNL	WNL may have a 10-15 deg deficit for 90/90 ER

Bankart Repair References

Davies GJ, Dickoff-Hoffman S: Neuromuscular testing and rehabilitation of the shoulder complex.

Journal of Orthopaedic and Sports Physical Therapy; 1993, 18(2): 449-458

- Davies GJ, Ellenbecker TS: Total arm strength rehabilitation for shoulder and elbow overuse injuries. An Orthopaedic Physical Therapy Home Study Course 1993. 1-22
- Davies GJ, Ellenbecker TS: Documentation enhances understanding of shoulder function. Biomechanics; 1999: 47-55
- Davies GJ, Ellenbecker TS: Focused exercise aids shoulder hypomobility. Biomechanics; 1999, 77-81.
- Ellenbecker TS, Davies GJ: The application of isokinetics in testing and rehabilitation of the shoulder complex. Journal of Athletic Training; 2000, 35(3): 338-350
- Gill TJ, Zarins B: Open repairs for the treatment of anterior shoulder instability. American Journal of Sports Medicine 2003; 31:142-153
- Kim SH, Ha KI, Kim SH: Bankart repair in traumatic anterior shoulder instability: Open versus arthroscopic technique. Arthroscopy, 2003; 18: 755-763
- Magnusson L, Kartus J, Ejerhed L, et al: Revisiting the open Bankart experience: A four-to nine-year follow-up. American Journal of Sports Medicine; 2002, 30:778-782
- Manske RC, Davies GJ: Postrehabilitation outcomes of muscle power (torque-accleration energy) in patients with selected shoulder dysfunctions. Journal of Sport Rehab, 2003; 12(3): 181-198
- Moseley JB, Jobe FW, Pink M, Perry J, Tibone J. EMG analysis of the scapular muscles during a shoulder rehabilitation program. American Journal of Sports Medicine; 1992, 20: 128-134
- McClure PW, Blackburn LG, Dusold C. The use of splints in the treatment of joint stiffness: biological rational and algorithm for making clinical decisions. Physical Therapy; 1994, 74, 1101-1107
- Stein DA, Jazrawi L, Bartolozzi AR: Arthroscopic stabilization of anterior shoulder instability: A review of the literature. Arthroscopy; 2002, 18: 912-924
- Sapega AA, Quedenfeld TC. Biophysical factors in range of motion exercises. Physician and SportsMedicine, 1981; 9: 57-65
- Townsend H, Jobe, FW, Pink M, Perry J. Electromyographic analysis of the glenohumeral muscles during a baseball rehabilitation program. American Journal of Sports Medicine; 1991, 19: 264-272
- Ticker JB, Warner JJP: Selective capsular shift technique for anterior and anterior-inferior glenohumeral instability. Clinics in Sports Medicine, 2000; 19: 1-17
- Wilk KE, Reinold MM, Andrews JR: Postoperative treatment principles in the throwing athlete. Sports Medicine and Arthroscopic Review; 2001; 9: 69-95