

Arthroscopic Posterior Bankart Repair

The goal of this rehabilitation program is to return the patient/athlete to their activity/sport as safely as possible while maintaining a stable shoulder. This program is based on shoulder anatomy, biomechanics, and the healing constraints of the surgical procedure.

The posterior Bankart procedure is one where the orthopedic surgeon repairs the torn posterior capsule by reattaching it to the glenoid rim. Postoperatively the patient must be cautious with over-aggressive ROM and stretching activities.

I. PHASE I – PROTECTION PHASE (Week 0-6)

Precautions:

- Postoperative brace in 90° abduction, 60° external rotation for 4 weeks (physician will determine length of time and position)
- Brace must be worn at all times with the exception of exercise activity and bathing
- No activities above head or across body
- Must sleep in brace

Goals:

- Allow healing of repaired capsule
- Initiate early protected and restricted range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

Week 0-4

- **Cryotherapy:**
 - Ice before and after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.
- **Exercises**
 - Gripping exercises with putty
 - Active elbow flexion/extension, wrist flexion/extension, and pronation/supination
 - AROM cervical spine
 - Passive ROM progressing to active-assisted ROM
 - Active assisted ROM: (Initiate AAROM at 4 weeks)



- External rotation to tolerance at 90° of abduction
 - Flexion to 90° as tolerated
 - No IR for 6-8 weeks
 - Submaximal shoulder isometrics
 - Flexion
 - Abduction
 - Extension
 - External rotation
 - Internal rotation
 - Rhythmic stabilization drills ER/IR in scapular plane
 - Avoid CKC exercises
- In general, all exercises begin with 1 set of 10 repetitions and should increase by 1 set of 10 repetitions daily as tolerated to 5 sets of 10 repetitions.

Week 4-6

Goals:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation

Range of Motion Exercises:

*Remove shoulder brace at 4 weeks

- L-bar active assisted exercises
- ER at 90° abduction to tolerance
- Shoulder flexion to tolerance to 90° at week 4, then 125° at week 6
- No IR for 6-8 weeks (unless physician specifies)
- Rope and pulley
 - Shoulder scaption to 90° at week 4, 125° at week 6
- All exercises should be performed to tolerance
- Do not push or aggressively stretch into IR, or horizontal adduction

Gentle Joint Mobilization to Reestablish Normal:

- Arthrokinematics
- Scapulothoracic joint motion
- Glenohumeral joint capsular mobility – avoid posterior glides
- May perform inferior and anterior glides at week 5-6
- Sternoclavicular joint motion



Strengthening Exercises

- Exercise tubing ER/IR at 45 degrees abduction (IR to neutral rotation only)
- Active shoulder flexion (full can)
- Active shoulder abduction
- Isotonic biceps
- Scapular strengthening with arm at 0 or 30° abduction
 - Prone horizontal abduction
 - Prone horizontal abduction with ER
 - Prone rowing
 - Prone extensions
- Rhythmic stabilization ER/IR and Flex/Ext
- Avoid CKC exercises

Proprioception and Kinesthesia Training

- Initiate joint reposition training

Decrease Pain/Inflammation:

- Ice, NSAIDs, modalities

Brace

- Discontinue 6 weeks post-surgery (per physician direction)

II. PHASE II – INTERMEDIATE PHASE (Week 6-12)

Goals:

- Gradually reestablish range of motion
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control
- Enhance proprioception and kinesthesia

Week 6-9

Range of Motion Exercises

- L-Bar active-assisted exercises
 - ER at 90° abduction to tolerance (should be 85-90° by week 8)
 - Shoulder flexion to tolerance (165 by week 8)
 - IR at 90° abduction to 30-45° week 10
 - Rope and pulley: elevation in scapular plane



Strengthening Exercises

- Tubing for IR/ER at 0° abduction
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder scaption with ER (full can)
 - Latissimus dorsi
 - Rhomboids
 - Biceps curl
 - Triceps push downs
 - Scapular muscle training
 - No push-ups or pushing movements
 - Serratus anterior punches
 - Prone row
 - Prone horizontal abduction
 - Prone horizontal abduction ER
 - Sidelying ER dumbbell
- Initiate neuromuscular control exercises for scapulothoracic joint
- Progress proprioception training

Week 10-12

Continue all exercises listed above and initiate:

- Active-assisted internal rotation at 90° abduction
- Progress IR to 60-65° at 90° abduction
- Initiate push-ups into wall at week 12
- Emphasize muscle strength of ER, scapular region

Criteria to Enter Phase III:

- Full, non-painful ROM
- No pain/tenderness
- Strength 70% contralateral side

III. PHASE III – DYNAMIC STRENGTHENING PHASE (Week 13-20)

- **Goals** Maintain/progress to full ROM
- Improve strength/power/endurance
- Improve neuromuscular control
- Enhance dynamic stability
- Improve scapular muscular strength



Week 13-20

Exercises

- Continue isotonic program
- Continue trunk/LE strengthening and conditioning exercises
- Continue neuromuscular control exercises
- Machine resistance (limited ROM);
 - Latissimus dorsi pull downs
 - Seated row
 - Seated bench press
- May process CKC program
 - Ball on wall
 - Pushup on unstable surface

Week 16-20

- Continue all exercises as above
- Emphasis on gradual return to recreational activities

Criteria to Progress to Phase IV

- Full ROM
- No pain/tenderness
- Satisfactory clinical exam
- Satisfactory isokinetic test

IV. PHASE IV – RETURN TO ACTIVITY (Week 21-28)

Goals

- Progressively increase activities to prepare patient for unrestricted functional return

Exercises

- Continue isotonic strengthening exercises outlined in Phase III
- Continue ROM exercises
- Initiate interval programs between 28-32 weeks (if patient is an athlete)