

Open Bankart Repair Rehabilitation Protocol

A Bankart lesion is a tear of the anterior labrum and capsule from the rim of the glenoid fossa. A Bankart repair is the suturing of the anterior shoulder capsule to the anterior glenoid rim. This is often done in conjunction with a capsular shift.

BICEPS TENODESIS PRECAUTIONS:

1. No Resisted elbow flexion for 8 weeks

Only follow if checked 2. No Resisted shoulder flexion for 8 weeks

I. <u>Phase One – Maximum Protection Phase</u> (0 – 6 weeks)

Goals: Protect surgical site

Decrease pain and swelling

Maintain ROM

Minimize muscle atrophy

A. Week 0 - 2

- 1. Wear immobilizer / sling for 4–6 weeks including sleep (per physician)
- 2. Elbow, hand, and cervical ROM
- 3. Grip and wrist strength
- 4. Pendulum exercises
- 5. PROM/AAROM within limits
 - a. Flexion and ABD to 90 degrees
 - b. Pulley / cane exercises
 - c. Gentle IR/ER in scapular plane
- 6. No active ER or ABD or extension past neutral
- 7. Scapular mobilization (move scapula and humerus as one)
- 8. Submaximal isometrics all planes
- 9. Cryotherapy, electrical stimulation, massage as needed for pain control
- 10. Postural education and exercises
- 11. Begin scar massage when appropriate

B. Week 3-4

- 1. Gradually progress PROM/AAROM
 - a. Flexion and scapular plane ABD as tolerated
 - b. ER in scapular plane to 45
 - c. IR in scapular plane to 45 60 degrees
- 2. Scapular strengthening (protract and retraction) and scapular PNF
- 3. Initiate light isotonics
 - a. Scapular muscles
 - b. Wrist and forearm
 - c. Elbow low resistance, high reps
- 4. Light weightbearing exercises



C. Week 5 - 6

- 1. Continue PROM/AAROM
 - a. Flexion to 160 degrees
 - b. ER/IR at 90 degrees ABD:
 - 1. ER to 75 degrees
 - 2. IR to 70 75 degrees
 - c. Shoulder extension to 30 35 degrees
- 2. AROM for flexion, scapular plane ABD
 - a. Antigravity as tolerated
 - b. No resistance until 30 repetitions with perfect mechanics
- 3. Light resistance theraband for IR/ER
- 4. UBE
- 5. Proprioceptive exercises and bodyblade
 - a. Wall alphabet
 - b. Prone on elbows, quadruped
 - c. Rhythmic stabilization at 45° to 90°
- 6. Joint mobilization
- 7. Self capsular stretching
- 8. PNF diagonal patterns

II. Phase II – Moderate Protection Phase (Week 7 – 12)

Goals: Full ROM by week 8

Normalize arthrokinematics

Improve strength

Enhance neuromuscular control

A. Week 7-8

- 1. Increase AROM exercises as tolerated
 - a. Serratus anterior
 - b. Upper and low trap
- 2. Eccentric exercise in protected ranges
- 3. GH joint mobilizations
- 4. Increase proprioceptive exercise, neuromuscular control drills
- 5. Bodyblade at 90/90 position
- 6. Start UE resistance exercises in pool
- 7. Continue PROM, capsular stretches and passive and active stretches

B. Week 9 - 12

- 1. Emphasis on gaining strength and endurance
- 2. PNF patterns with resistance
- 3. Isotonic strengthening for entire shoulder complex
- 4. Initiate light plyometrics



III. Phase III – Advanced Strengthening Phase (3 – 6 months)

Goals: Maintain ROM

Enhance muscular strength, power and endurance

Criteria to enter Phase III:

- 1. Full ROM
- 2. No pain or tenderness
- 3. Satisfactory stability
- 4. Strength 70 80 percent of uninvolved side

A. Week 13 - 20

- 1. Aggressive stretching, continue all flexibility exercises
- 2. Strenuous resistive exercises
- 3. Light throwing exercises with attention to proper mechanics (physician approval necessary)
- 4. Emphasize muscle balance (ER/IR)
- 5. Increase plyometric exercises

B. Week 20 - 24

- 1. Increase throwing program
- 2. Continue above exercises

IV. Phase IV – Return to Activity Phase (6 – 9 months)

Goals: Gradual return to sport activities

Maintain strength and mobility of shoulder

Criteria to enter Phase IV:

- 1. Full, non-painful ROM
- 2. Satisfactory stability
- 3. Satisfactory strength and muscle balance
- 4. No pain or tenderness

A. > 6 Months

- 1. Continue capsular stretching
- 2. Maintain mobility and flexibility
- 3. Continue strengthening program
- 4. Continue throwing program
- 5. Return to sports participation (unrestricted)

^{*} Developed and approved by Rolando Izquierdo, M.D. (Updated March 2016)