

Conservative Bankart Lesion

Precautions: Avoid placing joint capsule under stress by stretching into abduction or ER during early phases of rehabilitation, until dynamic joint stability is restored. Avoid activities in extreme ROMs early in the rehabilitation process.

Factors Affecting Recovery Time:

- Severity of symptoms
- Length of time instability has presented
- Age and activity level of patient
- ROM/strength status
- Desired goals and activities

Phase I (Acute Motion Phase)

- Goals and requirements to progress to next phase:
 - Establish pain-free ROM
 - Decrease pain and inflammation
 - Establish good scapulothoracic rhythm
 - Improve proprioception
- Decrease Pain/Inflammation
 - Sling as needed for comfort
 - Therapeutic modalities (ice, compression, e-stim)
 - Grade I/II joint mobilizations for pain control
 - DO NOT STRETCH THE JOINT CAPSULE
- ROM Exercises
 - Gentle ROM only, no stretching
 - Pendulums
 - Pulleys in the scapular plane as tolerated
 - AAROM Exercises
 - Flexion
 - IR/ER starting at 30 degrees of abduction, progressing to 45 degrees, then 90 degrees of abduction
 - DO NOT PUSH INTO ER OR HORIZONTAL ABDUCTION OR COMBINED ER/ABDUCTION
- Strengthening/Proprioception Exercises
 - Isometrics with arm at side
 - Flexion/Abduction/Extension/Biceps
 - IR (multi-angles)/ER (scapular plane)
 - Scapular retraction/protraction and elevation/depression

- o Rhythmic Stabilization
 - ER/IR in scapular plane
 - Flexion/Extension at 100 degrees of flexion, 20 degrees of horizontal abduction
 - Scapular protraction/retraction and elevation/depression
- o Weight shifts (closed chain in scapular plane)
- o Proprioceptive drills

Phase II (Intermediate Phase)

- Goals and requirements to progress to Phase II:
 - o Regain and improve muscular strength
 - o Normalize arthrokinematics
 - o Improve proprioception
 - o Improve neuromuscular control of the shoulder complex
 - o Normal scapulothoracic rhythm with AROM below 90 degrees
- Initiate isotonic strengthening
- Emphasis on ER and Scapular strengthening
 - o ER/IR Theraband exercises
 - o Scaption with ER (full can)
 - o Abduction to 90 degrees
 - o Sidelying ER to 45 degrees
 - o Shoulder elevation
 - o Prone extension to neutral
 - o Prone horizontal adduction
 - o Prone rowing
 - o Lower trap
 - o Biceps/Triceps
 - o Wall/table push-ups
- Improve neuromuscular control of Shoulder Complex
 - o Initiate PNF
 - o Rhythmic stabilization drills
 - ER/IR at 90 degrees of abduction
 - Flexion/Extension/Horizontal Abduction (neutral rotation) at 100 degrees of flexion, and 20 degrees of horizontal abduction
 - Progress to mid and end ROM
 - o Progress Open-Kinetic Chain program
 - PNF
 - Manual resistance ER (supine then sidelying)
 - Prone row

- ER/IR using theraband with stabilization
- o Progress Closed-Kinetic Chain Exercises with Rhythmic Stabilization
 - Wall stabilization on ball
 - Static holds in push-up position on ball
 - Push-up on rocker board
- o Core Stabilization
 - Abdominal strengthening
 - Trunk/low back strengthening
 - Gluteal strengthening
- Modalities prn for pain control

Phase III (Advanced Strengthening Phase)

- Goals
 - o Improve strength/power/endurance
 - o Improve neuromuscular control
 - Enhance dynamic stabilization
 - o Prepare patient/athlete for activity
 - o Full/normal ROM
- Criteria to progress to Phase III
 - o Full pain-free ROM
 - o No palpable tenderness
 - o Good to normal muscle strength and scapulothoracic rhythm through full ROM
- Strengthening (PRE's)
 - o Continue previous exercises
 - o Progress to end-range stabilization
 - o Progress to full ROM strengthening
 - o Progress to bench press (upper arms parallel to floor only)
 - o Progress to machine rowing and lat pull downs within restricted ROM
- Emphasize PNF
- Advanced neuromuscular control drills (for athletes)
 - o Push-ups on ball or rockerboard with rhythmic stabilization
 - o Manual scapular control drills
- Endurance Training
 - o Timed bouts of exercise 30-60 seconds
 - o Increase reps
 - o Multiple bouts throughout day (3x)
- Initiate plyometric training
 - o 2-hand drills
 - Chest pass

- Side to side
- Overhead
- Progress to 1-hand drills
 - 90/90 throws
 - Wall dribbles
- Modalities prn

Phase IV (Return to Activity Phase)

- Goals
 - Maintain optimal level of strength/power/endurance
 - Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport
- Criteria to progress to Phase IV
 - Full ROM
 - No pain or palpable tenderness
 - Satisfactory isokinetic test
 - Satisfactory clinical exam
- Continue all exercises in Phase III
- Initiate Interval Sport Program (as appropriate)
- Modalities prn

Follow Up

- Isokinetic test
- Progress Interval Program
- Maintenance of Exercise Program

Adapted From:

1) Brotzman SB, Wilk, KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003.

2) Wilk, KE. Advanced Continuing Education Institute, LLC. Non-Operative Rehabilitation Atraumatic Shoulder Instability. 2004.