

# American Health Network Bone and Spine

## Bankart Repair Protocol

### Dr. Aaron Coats

**Philosophy:** This protocol is designed to serve as a guide for the clinician to rehabilitate a patient following Bankart repair procedures. Time frames allow for optimal healing, and should be used as criteria for advancement along with a patient's functional ability.

#### **Phase I (0-8 weeks)- Protective**

##### **Goals**

1. Protect repair; educate patient regarding post operative precautions
2. Begin limited PROM progressing to full at end of phase
3. Independent with home exercises
4. Decrease pain and inflammatory response

##### **Precautions**

1. **Wear sling at all times for 4 weeks except during elbow ROM**
2. **No shoulder ROM for 4 weeks, then gradual return to full ROM (*no ER stretching unless directed by physician*)**
3. **No Codman's**

##### **Exercises:**

##### **Weeks 0-4**

1. Initiate cervical spine, elbow, wrist, and hand AROM
2. Shoulder retraction activation including manual scapula strengthening and isolated scapula strengthening.
3. Modalities as needed for pain control as needed

##### **Weeks 4-8**

1. PROM for flexion and abduction in scapular plane, and IR as tolerated. *No passive ER stretching.*
2. Initiate AAROM with t-bar, table slides, Swiss ball, pulleys, etc
3. Initiate AROM gradually, without restrictions
4. Light PNF techniques & kinesthetic awareness drills
5. Initiate scapular stabilization activities both open and close chain
6. Trunk stabilization activities

#### **Phase II (8-12 weeks)- Progressive strengthening**

##### **Goals**

1. Eliminate shoulder pain
2. Achieve full ROM
3. Improve strength and proprioception
4. Assure normal scapulohumeral rhythm

**Precautions: No resisted strengthening until 8 weeks post op. Start with exercise bands- no free weights for 12 weeks. Emphasize high reps/low resistance.**

**Exercises:**

**Weeks 8-12**

1. Full ROM (if not achieved, then aggressive PROM for elevation and IR; ER as directed by physician). If full motion, then stretch PRN to maintain mobility
2. Initiate exercise band strengthening
3. Initiate light dynamic stabilization/plyometric activities
4. Gradually integrate functional patterns, increase speed of movements, increase endurance

**Phase III (12-24 weeks)- Functional return**

**Goals**

1. Pain free return to full activities with normal shoulder girdle strength
2. Continue strengthening with increased weights, endurance and speed. May begin adding free weights to program as indicated.
3. Late in phase (as indicated): weight room with elbow not past posterior plane of GH joint
4. Progress plyometric program light too heavy
5. Possible return to most sports activities after 4 months as directed or approved by physician

**Exercises:**

1. Continue strengthening scapula/shoulder/trunk
2. Simulate sports specific activities: tennis, golf, baseball as appropriate
3. Initiate interval throwing program 3-4 weeks after completing plyometric program