

# Bankart Repair Rehab Guidelines



## Shoulder, Elbow & Hand Center

### Procedure:

- Anterior inferior glenohumeral ligament is retensioned and secured to the glenoid rim.
  - ER places further tension and may tear the repair early on.
  - Excessive forward flexion and abduction early on may also overly stretch inferior repair.
- Many patients will have a component of impingement due to improper scapular mechanics and cuff weakness resulting in poor humeral depression.

### Precautions:

- Arm in sling with abductor pillow or shoulder immobilizer for 4 weeks.
- Age related motion precautions:
  - <30 years old: rest for 4 weeks, no ROM or formal therapy.
  - >30 years old: restore full normal ROM using PROM and AAROM techniques.
- If impingement present then exercises must start in pain free range and progress as tolerated.
- Avoid “at risk” position: Abduction and ER together for 6 months.
- No overhead throwing or contact sports for 6 months.

### Phase 1: weeks 1 – 4 (>30 years old)

- Instruct in application of ice and encourage use for 15-20 min. every 3-4 hours during the day.
- Instruct in pendulum exercises to be completed at home 4-5 x/day.
- Start AAROM
  - Forward Flexion and Scaption.
  - ER in scapular plane.
  - IR in scapular plane as tolerated.
  - No extension. No horizontal abduction past 90°.
- Instruct in isometrics exercises for shoulder in neutral abduction. May perform shoulder IR, ER, flexion, abduction, and elbow flexion and extension. *No Extension Isometrics.*
- Cervical, elbow, wrist and hand AROM and gripping exercises.
- Postural education and scapular retraction and depression.

### **Phase 2: weeks 5 – 8 (Start <30 years old)**

- Goal is for full ROM by 6-8 weeks.
- D/C use of sling.
- Start Pendulums and scapular stabilization exercises for <30 years old.
- Increase shoulder ROM progressing from AAROM to AROM.
  - Forward Flexion and Scaption: increase by 15° per week. May use pulleys, cane, and wall walking.
  - May add sleeper stretch and cross body adduction stretch for posterior capsule.
  - ER: increase by 15° per week with shoulder at 45° abduction until week 7, ER stretch can then be performed at 60°, and at week 9 ER stretch can be performed at 90°. *Do not force abduction and external rotation combination.*
- Begin strengthening at week 7 focusing on scapular stabilization, posture, and normal gleno-humeral to scapulo-thoracic rhythm within ROM guidelines.

### **Phase 3: weeks 9 – 12**

- Progressive return to full ROM and flexibility.
- Begin anterior chest wall stretches.
- Continue to progress dynamic strengthening program.
- May begin plyometric training drills in throwing athletes.

### **Phase 4: >12 weeks**

- Full AROM should be attained, aggressive stretching can now be used.
- Develop sport and work specific ROM, add light throwing exercises if indicated and progressing to full throwing activities after 6 months.
- Patient to be able to continue independently with a progressive home strengthening program focused on strenuous resistive exercises.