



**Bruce A. Stewart, MD, MBA**  
Orthopaedic Surgeon/Sports Medicine Specialist  
370 N. 120th Avenue  
Holland MI 49424  
P 616.396.5855

## **ARTHROSCOPIC BANKART REPAIR REHAB PROTOCOL**

This rehabilitation protocol has been developed for the patient following an arthroscopic Bankart surgical procedure. The arthroscopic Bankart repair progresses more conservatively than an open procedure due to fixation methods that initially post-op may not be as stable. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

**Important post-operative signs** to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic Bankart repair requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

### **PHASE ONE—Weeks 1-3**

#### **EXERCISE GOAL**

#### **RANGE OF MOTION**

Gradual Increase

Passive range of motion - scapular plane

External rotation 0-10° Week 2

0-20° Week 3

Internal rotation 0-45° Week 2

0-60° Week 3

Passive and AAROM

Flexion/Elevation 0-60° Week 2

0-90° Week 3

Pendulum exercises

Rope/Pulley (flex, scaption)

Wand exercises - all planes within limitations

Posterior capsule stretch

Manual stretching and Grade I-II joint mobs

**NO ACTIVE ER, ABDUCTION, OR EXTENSION**



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## **ARTHROSCOPIC BANKART REPAIR REHAB PROTOCOL**

### **PHASE ONE—Weeks 1-3 (cont'd)**

#### **STRENGTH**

Initiate submaximal isometrics - PAIN FREE

#### **BRACE**

Brace for 3 weeks or as noted by Dr. Stewart

Brace removed for exercises above

#### **MODALITIES**

E-stim as needed

Ice 15-20 minutes

#### **GOALS OF PHASE ONE:**

- Promote healing of tissue
- Control pain and inflammation
- Gradual increase in ROM
- Independent in HEP
- Initiate muscle contraction

### **PHASE TWO - Weeks 3-6**

#### **RANGE OF MOTION**

Gradual Increase

Passive and AAROM - scapular plane

External rotation 0-30° Week 6

Internal rotation Full ROM Week 6

Passive and AAROM

Flexion/Elevation 0-140° Week 6

Pendulum exercises

Posterior capsule stretch

Rope/Pulley (flex, abd, scaption)

Wand exercises - all planes within limitation

Manual stretching and Grade II-III to reach goals

#### **STRENGTH**

Continue isometric activities as in Phase One

Initiate supine rhythmic stabilization at 90° flexion

Initiate UBE for endurance

Initiate IR/ER at neutral with tubing

Initiate sidelying ER

Push-up progression

Prone horizontal abduction (100°, 90°) extension

Initial flexion, scaption, empty can

Initiate scapular stabilizer strengthening

Concentrate on eccentric activities

#### **BRACE**

Discharge Week 3

#### **MODALITIES**

Ice 15-20 minutes

#### **GOALS OF PHASE TWO:**

- Control pain and inflammation
- Enhance upper extremity strength
- Gradual increase in ROM



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## **ARTHROSCOPIC BANKART REPAIR REHAB PROTOCOL**

### **PHASE THREE - Weeks 6-12**

#### **RANGE OF MOTION:**

Full ROM 10 weeks

Passive and AAROM - scapular plane

External rotation with the shoulder at 90° of abduction (ABER position): 0-75° start Week 8

Passive and AAROM

Flexion/Elevation 0-160° Week 8

#### **STRENGTH**

Continue all strengthening from previous phases, increasing resistance and repetition

Initiate Plyotoss chest pass at weeks 8-10

Initiate PNF patterns with theraband

Manual resisted PNF patterns in supine

UBE for strength and endurance

Initiate Isokinetic IR/ER at neutral at weeks 10-12

#### **MODALITIES**

Ice 15-20 minutes

#### **GOALS OF PHASE THREE:**

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

### **PHASE FOUR - Weeks 12-24**

#### **RANGE OF MOTION**

Continue with all ROM activities from previous phases

Posterior capsule stretching

Towel stretching

Grade III-IV joint mobs as needed for full ROM

#### **STRENGTH**

Progress strengthening program with increase in resistance and high speed repetition

Progress with eccentric strengthening of posterior cuff and scapular musculature

Initiate single arm Plyotoss

Progress rhythmic stabilization activities to include standing PNF patterns with tubing

UBE for strength and endurance

Initiate military press, bench press, and lat pull downs

Initiate sport specific drills and functional activities

Initiate interval throwing program week 16

Initiate light plyometric program weeks 12-16

Progress isokinetics to 90° of abduction at high speeds

#### **MODALITIES**

Ice 15-20 minutes

#### **GOALS OF PHASE FOUR:**

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/function training