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Posterior Bankart Repair Rehabilitation Guideline

This rehabilitation program is designed to return the individual to their activities as quickly and safely as possible. It is designed for rehabilitation following Arthroscopic Posterior Bankart repair. Modifications to this guideline may be necessary dependent on physician specific instruction, location of repair, concomitant injuries or procedures performed. This evidence-based Arthroscopic Posterior Bankart Repair Rehabilitation Guidelines criterion-based; time frames and visits in each phase will vary depending on many factors- including patient demographics, goals, and individual progress. This guideline is designed to progress the individual through rehabilitation to full sport/ activity participation. The therapist may modify the program appropriately depending on the individual's goals for activity following Arthroscopic Posterior Bankart repair.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

General Guidelines/ Precautions:

- The posterior capsule is stressed with internal rotation; thus, internal rotation must be limited during the early phases of rehabilitation. Do not allow or perform ROM/stretching beyond goals; especially internal rotation, both in neutral or abducted for 6-8 weeks.
- Active ROM initiated at 6 weeks, per Physician.
- Avoid posterior glide joint mobilizations for first 8 weeks.
- Strengthening initiated at 10 weeks, per Physician.
- Return to Play for non-contact athletes around 4-5 months (per MD discretion)
- Return to Play for contact athletes around 6 months (per MD discretion)

Updated 08/2017

Arthroscopic Posterior Bankart Repair **Rehabilitation Guideline (21-28 weeks to expected D/C)**

Phase	Suggested Interventions	Goals/ Milestones for Progression
Phase I *Patient Education Phase* (pre-operatively) Expected # of visits this phase: 1-3	*Discuss:* Anatomy, existing pathology, post-op rehab schedule, bracing, and expected progressions post-operatively *Instruct on Pre-op exercises*: Strength and ROM progressions as tolerated. *Immediate Post-Operative instructions*: -Maintain use of sling at all times until physician instructs to d/c. - External rotation brace is worn for 4-6 weeks. When this brace is removed the hand should be in a hitchhike position (elbow extended, palm facing front, thumb pointed away from the body). **The hand should not cross in front of the body**. -Avoid getting incision sites wet for 48 hours.	*Goals of Phase:* 1. Improve ROM and strength prior to surgery. 2. Appropriate expectation framework for post-operative rehabilitation. *Criteria to Advance to Next Phase:* 1. Progress to Phase II post-operatively
Phase II *Maximum Protection Phase* Weeks 0-4 Expected # of visits this phase: 4-8	*Specific Instructions:* - Sutures removed at 10-14 days (per MD discretion). -Maintain use of brace at all times until physician instructs to d/c at approx. 4-6 weeks s/p - Sleep in brace - No activities above head or across body - No lifting *Suggested Treatments:* <u>Modalities:</u> Pain control modalities as indicated. - Continue icing 3x per day or more. - No heat until 1week s/p <u>Exercises:</u> -Wrist & hand AROM -PROM: (ROM done by therapist) * Elbow PROM to end ranges to maintain mobility * Flexion to 90 degrees * Abduction to 60 degrees as tolerated * ER to tolerance at 90 degrees abduction * **No Internal Rotation for 6-8weeks**	*Goals of Phase:* 1. Provide environment of proper healing of repair 2. Prevention of post-operative complications 3. Retard muscle atrophy 4. Improve PROM 5. Diminish pain and inflammation 6. Independence with home exercise program *Criteria to Advance to Next Phase:* 1. Patient has met upward limits of PROM for this phase 2. Patient is 4 weeks s/p

	-Submax Shoulder Isometrics: *Flexion/Abduction/Ext/IR/ER -Hand gripping exercises (putty, squeeze balls) - AROM cervical spine - **Avoid Closed Kinetic Chain exercises**	
Phase III *Protected Motion Phase* Weeks 4-6 Expected # of visits this phase: 2-6	*Specific Instructions:* - No carrying or lifting of heavy objects - Continue sleep in elevated position with sling until comfortable to lay flat - Continue use of sling until physician discharge (approx. 4-6 weeks) - **No Internal Rotation for 6-8weeks (unless physician specifies)** **- Avoid Posterior joint mobilizations for 8 weeks.** *Suggested Treatments:* Modalities: Pain control modalities as needed PROM: Continue to progress PROM *as tolerated* • *Flexion/Scaption to 90 degrees by week 4, 125deg by week 6 • *Abduction to 90 degrees • *ER in scapular plane to tolerance AAROM: (Begin at week 4) • Progressions within PROM listed above GENTLE JOINT MOBILIZATIONS: • Inferior and anterior glides at week 5-6 • Sternoclavicular joint motion *Exercise Examples:* - Wand, Pulleys, and AROM as tolerated within ROM guidelines above. Non-forceful, pain-free range. - Submaximal and pain-free shoulder isometrics in scapular plane - submaximal and pain-free scapular isometrics (scap squeezes) - Initiate rhythmic stabilization drills for IR/ ER/flex/ext	*Goals of Phase:* 1. Gradual increase in ROM 2. Improve strength 3. Improve arthrokinematics *Criteria to Advance to Next Phase:* 1. Patient has met upward limits of PROM for this phase 2. Patient has met upward limits of AAROM for this phase
Phase IV *Intermediate Phase* Weeks 6-12	*Specific Instructions:* - Continue previous exercises - Continue use of ice/ heat as needed - **No push up exercises until week 12** *Suggested Treatments:* Manual Therapy*:* GHJ mobilizations to improve ROM PROM: Continue to progress as tolerated *Flexion 0-165 degrees by week 8	*Goals of Phase:* 1. Full PROM expected by week 12 except for IR (IR 30-45deg by week 10, 60-65deg by week 12) 2. Preserve the integrity of the surgical repair 3. Increase functional activity without soft tissue irritation 4. Decrease pain and inflammation

Expected # of visits this phase: 12-18	*IR to 45 degrees in scapular plane by week 10, 65deg by week 12 * ER equal to opposite side (may have contralateral differences in overhead athletes) <u>AAROM</u>: - initiate IR at 90deg abduction at **week 10** <u>AROM:</u> - Initiate at **week 6** all motions except IR <u>Strengthening:</u> - initiate light scapular and rotator cuff strength below shoulder height at **8-10 weeks (per physician order)** *Exercise Examples:* - Continue with gleno-humeral rhythmic stabilization drills - Continue all stretching exercises - Side lying ER - Light Theratube exercises for cuff start at week 8-***10 (depending on physician order)*** - Initiate throwers ten program with attention to proper scapular control - Weight bearing proprioceptive exercises only after 10 weeks - **Strength training progressive external loading after week 10** *Other Activities:* -May initiate UBE at 7 weeks with light resistance	*Criteria to Advance to Next Phase:* 1. Full and non-painful PROM 2. No pain or tenderness 3. Less than 10% strength deficit for all motions 4. Clearance by MD to full activity and/or Throwers Program
Phase V *Advanced strengthening and eccentric control Phase* Weeks 13-28 Expected # of visits this phase: 12-18	*Suggested Treatments:* -Continue all strengthening & mobility exercises from prior phase -Encourage HEP progression and compliance -Continue to progress throwing motion as able (especially ER) -Resisted sport activity -Progressive Plyometric activities -Endurance training *Exercise Examples: (**Refer to Overhead Athlete Rehabilitation Guideline)*** - Pre-throwing drills - Progression of total body strengthening program - High speed band exercises - Weight bearing: Push-ups, push up with a plus - Plank progressions - End range rhythmic stabilizations in various phases of throwing motions - PNF patterns with bands, cable column, manual resistance - Plyometrics: trampoline plyos chest pass, side & overhead toss, 90o/90o toss, 90o/90o ball drop	*Goals of Phase:* 1. Establish and maintain full shoulder AROM. 2. Improve muscular strength, power and endurance to 80% compared bilaterally for IR/ER. 3. Maintain shoulder mobility 4. Progress back to functional activities 5. Ensure proper throwing mechanics with pre-throwing drills to reduce risk for re-injury *Criteria to Advance to Next Phase for overhead athlete:* ***(Please refer to Overhead Athlete Rehabilitation Guideline)*** 1. Full and non-painful **PROM** for overhead athlete: a. Total PROM equal to opposite side for throwers b. Normalized Latissimus Dorsi Length for throwers c. Normalized supine horizontal adduction with scapula stabilized

	Other Activities: -Begin ***Interval Throwing Program*** or appropriate sport specific interval program	2. Full and non-painful **AROM** for overhead athlete: a. Prone 90/90 ER at 85% of supine PROM ER b. Equal back to wall flexion test 3. Muscular strength 80% of contralateral side 4. Minimum FOTO score of 90 5. OH Athlete Screen score of 35/40
Phase VI *Advanced Movement and Return to Activity Phase* Month 6+ **Depending on staffing models, patients may transition to their Athletic Trainer during this phase	***Suggested Criteria for Return to Sport:*** 1. Successful progression of interval throwing program to 180ft with no pain. 2. Consider throwing mechanics assessment 3. ER/IR Ratio >80% a. Hand held dynamometry at 90o abduction b. In neutral rotation 4. Quick DASH or Kerlin Jobe score *5.* Successful completion of Return to Performance Program (if available).	***Goals:*** 1. Progression of interval throwing program to prepare for return to competitive throwing with proper throwing mechanics 2. Development of individualized maintenance program in preparation for discontinuation of formal rehabilitation.

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