Bankart Repair Protocol Dr. Carlyle

Overall Goals of this rehab protocol

- 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

Important Post-op signs to monitor

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

Restrictions

- No AROM FLEX beyond 90° x 2 weeks
- No AROM / AAROM ADB beyond 90° x 4 weeks
- No AROM / AAROM/PROM ER beyond 30° x 4 weeks
- Sling to be worn at all times except for PT or home exercise program. Sling may be worn for 2-6 weeks; depending upon physician orders.

Patient Name: ID#

Date of Surgery:

Weeks 0-2	Weeks 2-4	
Dates:	Dates:	
GOALS	<u>GOALS</u>	
Promote healing	Control pain and inflammation	
Control pain and inflammation	Enhance upper extremity strength	
Gradual increase in ROM	Gradual increase in range of motion	
Initiate muscle contraction	/ /	
	<u>EXERCISES</u>	
<u>EXERCISES</u>	Modalities as needed	
Modalities as needed	Educated pendulums	
• PROM	• PROM	
FLEX / IR to tolerance	ABD / Flex / IR to tolerance	
• ABD to 90°	• ER to 30° (scapular plane)	
ER to 30° in neutral position	AAROM (pulley / T-bar)	
• AAROM (pulley)	Flex to tolerance Consular medilizations (Superior / Inferior /	
• FLEX to 90°	Scapular mobilizations (Superior / Inferior / Protraction / Retraction / Diagonals)	
Isometrics (submax) Elbow AROM	Scapular Protractions / Retractions in seated	
Wrist isotonics	position (arm on table)	
Ball squeezes	Wrist Isotonics	
• Daii Squoezes	Prone rows	
	Shoulder EXT to body plane	
	Quadruped weight shifts / Quad (serratus)	
	Body Blade (neutral)	

Bankart Repair Protocol

Dr. Carlyle		
Patient Name:	ID#	
Date of Surgery:		
Weeks 4-6	Weeks 6-8	
Dates:	Dates:	
 GOALS Minimize pain and swelling Improve upper extremity strength and endurance Enhance neuromuscular control Normalize arthrokinetics 	GOALS • Achieve full ROM • Improve upper extremity strength and endurance • Enhance neuromuscular control • Normalize arthrokinetics	
 EXERCISES Modalities as needed PROM FLEX, ABD, and IR to tolerance ER to 45° (90° shoulder ABD) AAROM (pulley, t-bar, wall ladder) FLEX and ABD to tolerance Prone retraction Scapular exercises 	 EXERCISES No restrictions on ROM Continue AAROM and PROM as necessary Continue scapular exercises Standing shoulder protraction and retraction with tubing Scapular depression (chair push-ups / pulley) Continue biceps and triceps strengthening 	
 Supine protraction with tubing Prone retraction UBE Wall push-ups T-band (IR, ADD, FLEX, Scapular retraction, and ER to neutral) GB (supine stabilizations and wall stabilizations) 	 Continue rotator cuff strengthening (JOBE and T-band) Abduction with t-band Active PNF (D1 and D2 patterns) Modified push-ups (progress toward military push-ups) Body Blade (90° of FLEX and 90° of ABD as tolerated) 	

- Flexion to 90°
- Extension
- Horizontal Abduction
- Abduction
- Scaption
- Shrugs
- Sideline External Rotation to Neutral
- Sideline Internal Rotation
- Supine Horizontal Adduction

Bankart Repair Protocol Dr. Carlyle		
Patient Name:	ID#	
Date of Surgery:		
Weeks 8-12		
Dates:		
GOALS • Full ROM • Maximize upper extremity strength and endurance • Maximize neuromuscular control • Initiate sports specific training/functional program		
 EXERCISES Continue AAROM / PROM as necessary Continue above strengthening (increase resistance as tolerated) GB (prone walkouts) 		
 PNF with resistance (tubing, dumbbells, manual) T-band ER at 90° shoulder abd Weight lifting machines 		
Lat pull (in front under chin)	8)	
Chest press (keep arms in frontal plane)Row		
Bicep / triceps with pulley weights or		
dumbells		

Joint Clinic,