



## **Bankart Repair Rehabilitation: Post-Operative Instructions**

**Phase 1:** Immediate postoperative period (weeks 0-6)

### **Goals**

- Maintain / protect the integrity of repair
- Gradually increase PROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with modified ADLs

### **Precautions**

- Maintain arm in KnappSak2, remove only for exercise
- No shoulder AROM, lifting of objects, shoulder motion behind the back, excessive stretching or sudden movements, supporting of any weight, lifting a body weight by hands
- Keep incision clean and dry

### **Criteria for Progression to Phase 2**

- Passive forward flexion to  $> 90^\circ$
- Passive ER to  $10^\circ$
- Passive IR in scapular plane to  $> 75^\circ$  (if uninvolved shoulder PROM  $> 80^\circ$ )
- Passive abduction  $> 90^\circ$  in the scapular plane

### **Days 1 to 6**

- KnappSak2
- Pendulum exercises
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM
- Cryotherapy for pain and inflammation

### **Days 3 to 6**

- Begin pulley exercises in forward flexion and abduction  $< 90^\circ$
- Maintain proper posture, joint protection, positioning and hygiene

### **Days 7 to 28**

- Continue with KnappSak2 at night and day for comfort
- Pendulum / pulley exercises

Begin PROM to tolerance (done supine; should be pain free)

Flexion to 90°

ER to 20°

IR to body / chest

Continue elbow, wrist, and finger AROM / resisted

Cryotherapy is needed for pain control and inflammation

May resume general conditioning program (e.g., walking, stationary bike) Aquatherapy / pool therapy may begin three weeks postoperative

## **Phase 2: Protection and active motion (weeks 6-12)**

### **Goals**

Allow healing of soft tissue

Do not overstress healing tissue

Gradually restore full PROM (weeks 4-5)

Decrease pain and inflammation

### **Precautions**

No lifting

No supporting body weight with hands and arms

No sudden jerking motions

Avoid upper extremity bike and ergometer

### **Criteria for progression to Phase 3**

Full AROM

### **Weeks 5-6**

Discontinue KnappSak2 at night

Between weeks 4-6, use KnappSak2 for comfort only

Discontinue KnappSak2 at end of week 6

Initiate AAROM flexion in supine position

Progressive PROM until approximately full ROM at weeks 4-5.

Follow Flexion / ER guidelines.

Gentle scapular / glenohumeral joint mobilization to regain full PROM

Initiate prone rowing to the neutral arm position

Continue cryotherapy as needed

May use heat before ROM exercises

Aquatherapy OK for light AROM exercises

Ice after exercise

### **Weeks 6-8**

Continue AROM, AAROM, and stretching exercises

Begin rotator cuff isometrics – No empty can in forward plane

Continue periscapular exercises

Initiate AROM exercises (flexion scapular plane, abduction, ER, IR)

\* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

AAROM = active assisted range of motion

ADL = activity of daily living

AROM = active range of motion

ER = external rotation

IR = internal rotation

PROM = passive range of motion

ROM = range of motion

### **Phase 3:** Early strengthening (weeks 10-16)

#### **Goals**

Full AROM (weeks 10-16)

Maintain full PROM

Dynamic shoulder stability

Gradual restoration of shoulder strength, power, and endurance

Optimize neuromuscular control

Gradual return to functional activities

#### **Precautions**

No lifting objects >5 pounds, sudden lifting or pushing activities, sudden jerking motions, overhead lifting

Avoid upper extremity bike and ergometer

#### **Criteria for progression to Phase 4**

Ability to tolerate progression to the low level functional activities

Demonstrated return of strength / dynamic shoulder stability

Reestablishment of dynamic shoulder stability

Demonstrated adequate strength and dynamic stability for progression to more demanding work- and sport-specific activities

#### **Week 10**

Continue stretching and PROM, as needed

Dynamic stabilization exercises

Initiate strengthening program

ER and IR with exercise bands / sports cord / tubing

ER side-lying (lateral decubitus)

Lateral raises \*

Full can in scapular plane \*

Prone rowing

Prone horizontal abduction

Prone extension

Elbow flexion  
Elbow extension

**Week 12**

Continue all exercises listed above  
Initiate light functional activities as permitted  
Full can in forward plane \*

**Week 14**

Continue all exercises listed above  
Progress to fundamentals shoulder exercises

\* **Please note:** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

**Phase 4:** Advanced strengthening (weeks 16-22)

**Goals**

Maintain full non-painful AROM  
Advance conditioning exercises for enhanced functional use  
Improve muscular strength, power and endurance  
Gradual return to full activities

**Week 16**

Continue ROM and self-capsular stretching for ROM maintenance  
Continue progression of strengthening  
Advance proprioceptive, neuromuscular activities  
Light sports (golf chipping / wedges, tennis ground strokes) if doing well

**Week 20**

Continue strengthening and stretching  
Continue stretching if motion is tight  
Initiate interval sports program (e.g., golf, doubles tennis) if appropriate

**General Guidelines**

WEEKS	Forward Flexion	External Rotation
0-2	90°	10°
2-4	110°	20°
4-6	130°	30°
6-8	160°	45
8-12	Full	Full

- 1) No pull-ups until 6 months post-op

- 2) Throwing activity - start at 4 to 6 months post-op. Follow function progression per SMOG program. Progress as tolerated.
- 3) Return to non-contact sports at 4 months post-op if PT goals have been met
- 4) No dips – until 6 months
- 5) Full return to throwing at 6-8 months