

# 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
<p>Dates: _____</p> <p><b><u>GOALS</u></b></p> <ul style="list-style-type: none"> <li>• Promote healing</li> <li>• Control pain and inflammation</li> <li>• Gradual increase in ROM</li> <li>• Initiate muscle contraction</li> </ul> <p><b><u>EXERCISES</u></b></p> <ul style="list-style-type: none"> <li>• Modalities as needed</li> <li>• PROM               <ul style="list-style-type: none"> <li>• FLEX / IR to tolerance</li> <li>• ABD to 90°</li> <li>• ER to 30° in neutral position</li> </ul> </li> <li>• AAROM (pulley)               <ul style="list-style-type: none"> <li>• FLEX to 90°</li> </ul> </li> <li>• Isometrics (submax)</li> <li>• Elbow AROM</li> <li>• Wrist isotonic</li> <li>• Ball squeezes</li> </ul>	<p>Dates: _____</p> <p><b><u>GOALS</u></b></p> <ul style="list-style-type: none"> <li>• Control pain and inflammation</li> <li>• Enhance upper extremity strength</li> <li>• Gradual increase in range of motion</li> </ul> <p><b><u>EXERCISES</u></b></p> <ul style="list-style-type: none"> <li>• Modalities as needed</li> <li>• Educated pendulums</li> <li>• PROM               <ul style="list-style-type: none"> <li>• ABD / Flex / IR to tolerance</li> <li>• ER to 30° (scapular plane)</li> </ul> </li> <li>• AAROM (pulley / T-bar)               <ul style="list-style-type: none"> <li>• Flex to tolerance</li> </ul> </li> <li>• Scapular mobilizations (Superior / Inferior / Protraction / Retraction / Diagonals)</li> <li>• Scapular Protractions / Retractions in seated position (arm on table)</li> <li>• Wrist Isotonic</li> <li>• Prone rows</li> <li>• Shoulder EXT to body plane</li> <li>• Quadruped weight shifts / Quad (serratus)</li> <li>• Body Blade (neutral)</li> </ul>

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## Dr. Carlyle

**Patient Name:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

Weeks 4-6	Weeks 6-8
<p>Dates: _____</p> <p><b><u>GOALS</u></b></p> <ul style="list-style-type: none"> <li>• Minimize pain and swelling</li> <li>• Improve upper extremity strength and endurance</li> <li>• Enhance neuromuscular control</li> <li>• Normalize arthrokinetics</li> </ul> <p><b><u>EXERCISES</u></b></p> <ul style="list-style-type: none"> <li>• Modalities as needed</li> <li>• PROM               <ul style="list-style-type: none"> <li>• FLEX, ABD, and IR to tolerance</li> <li>• ER to 45° (90° shoulder ABD)</li> </ul> </li> <li>• AAROM (pulley, t-bar, wall ladder)               <ul style="list-style-type: none"> <li>• FLEX and ABD to tolerance</li> <li>• Prone retraction</li> </ul> </li> <li>• Scapular exercises               <ul style="list-style-type: none"> <li>• Supine protraction with tubing</li> <li>• Prone retraction</li> </ul> </li> <li>• UBE</li> <li>• Wall push-ups</li> <li>• T-band (IR, ADD, FLEX, Scapular retraction, and ER to neutral)</li> <li>• GB (supine stabilizations and wall stabilizations)</li> <li>• Flexion to 90°</li> <li>• Extension</li> <li>• Horizontal Abduction</li> <li>• Abduction</li> <li>• Scaption</li> <li>• Shrugs</li> <li>• Sideline External Rotation to Neutral</li> <li>• Sideline Internal Rotation</li> <li>• Supine Horizontal Adduction</li> </ul>	<p>Dates: _____</p> <p><b><u>GOALS</u></b></p> <ul style="list-style-type: none"> <li>• Achieve full ROM</li> <li>• Improve upper extremity strength and endurance</li> <li>• Enhance neuromuscular control</li> <li>• Normalize arthrokinetics</li> </ul> <p><b><u>EXERCISES</u></b></p> <ul style="list-style-type: none"> <li>• No restrictions on ROM</li> <li>• Continue AAROM and PROM as necessary</li> <li>• Continue scapular exercises               <ul style="list-style-type: none"> <li>• Standing shoulder protraction and retraction with tubing</li> <li>• Scapular depression (chair push-ups / pulley)</li> </ul> </li> <li>• Continue biceps and triceps strengthening</li> <li>• Continue rotator cuff strengthening (JOBEL and T-band)               <ul style="list-style-type: none"> <li>• Abduction with t-band</li> </ul> </li> <li>• Active PNF (D1 and D2 patterns)</li> <li>• Modified push-ups (progress toward military push-ups)</li> <li>• Body Blade (90° of FLEX and 90° of ABD as tolerated)</li> </ul>

**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)
  - Chest press (keep arms in frontal plane)
  - Row
  - Bicep / triceps with pulley weights or dumbbells

Bone & Joint Clinic, P.A.