Yuri Lewicky MD

1840 N. Jasper Dr.
Flagstaff, Az 86001
Phone (928) 226-2900 Fax (928) 774-7767

270 Bankart Tear Protocol:

Postop Rehab 270° Bankart / Capsulorraphy / SLAP Repair: The patient underwent an arthroscopic Bankart / Capsulorraphy repair, reverse Bankart repair and a SLAP repair. The following guidelines should be followed with the noted precautions: 1) External rotation in fully adducted position to neutral (0 degrees) only; 2) NWB with the affected extremity; 3) Avoid ER with > 60° abduction until Stage III of the protocol; 4) Avoid hyperextension of humerus past neutral until Stage III of the protocol; 5) Avoid resisted biceps activity until Stage III of the protocol.

Stage I (1-6 weeks from the date of surgery)

- Sling 24 hr. (off for dressing and bathing only), neutral wedge pillow for first 2 wks
- PROM: Pendulums, horizontal adduction and table slides
- Ipsylateral elbow, forearm, wrist, and hand ROM active assist and active
- If formal PT initiated then No pushing of abduction, pure abduction not past 90° (glenohumeral) without ER. PROM initially in the scapular plane. ER performed in lower ranges of abduction (<60°) to avoid "peel-back"
- Guidelines for performing ER in supine position include must be performed in the scapular plane; ER must be performed with the upper extremity not beyond 30° of glenohumeral abduction)
- Modalities to control pain as indicated

Stage II (6 weeks from the date of surgery)

- Wean from sling
- Initiate pain free progression of AAROM to AROM exercise within ROM guidelines
- ROM is progressed unrestricted beginning at 8 weeks
- Shoulder flexion and abduction may progress as tolerated
- ER is progressed toward 50% of the uninvolved side (in adduction)
- Treatment should remain in the scapular plane
- ER work should be kept below 45° abduction
- Internal and ER is performed in adduction
- Limit active ER to no greater than 50% of uninvolved shoulder
- Modalities as necessary for pain control

- Progress gentle PROM with 90° of abduction to terminal ranges
- Rhythmic stabilization at 90° of shoulder elevation with limited manual resistance to flexion to protect the SLAP repair

Stage III (12 weeks from the date of surgery)

- Initiation of biceps exercises with resistance
- Begin light rotator cuff strengthening progression: side lying ER, prone extension, prone horizontal abduction using a light weight (emphasis high repetitions for the rotator cuff)
- Begin graduated upper body cycle for scapular and total UE strength
- Progression to resistance training, no shoulder hyperextension
- Initiation of sub-maximal internal and ER resistive exercises (manual resistance to light isotonic resistance within 10°-20° of abduction in the scapular plane to patient tolerance)
- May begin swimming if sufficient ROM and strength
- Advanced rotator cuff strengthening
- Modalities as necessary for pain control
- Progress to more advanced shoulder strengthening
- Initiate sport specific activities as tolerated
- Begin rotator cuff progression: side lying ER, prone extension, prone horizontal abduction using a light weight
- Begin graduated upper body cycle for scapular and total UE strength

Stage IV (Return to sport at 6 months from the date of surgery)

Follow your physician's and therapist's guidelines for returning to full sporting activity