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Bankart Re-emplessage Protocol:

Postop Rehab Bankart / Capsulorrhaphy Repair with Re-emplessage Posteriorly: The patient underwent an arthroscopic Bankart / Capsulorrhaphy 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. Avoid active external rotation until postop week #8. Avoid aggressive internal rotation at all times.

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
- Ipsilateral elbow, forearm, wrist, and hand ROM active assist and active
- If formal PT initiated then No pushing of abduction, pure abduction not past 90 degrees (glenohumeral) without external rotation
- Guidelines for performing external rotation in supine position include (Range of external rotation to be determined by MD; External rotation ROM must be performed in the scapular plane; External rotation must be performed with the upper extremity not beyond 30 degrees 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
- External rotation is progressed toward 50% of the uninvolved side (in adduction)
- Treatment should remain in the scapular plane
- External rotation work should be kept below 45 degrees abduction.
- Internal and external rotation is performed in adduction
- Limit active external rotation to no greater than 50% of uninvolved shoulder
- Modalities as necessary for pain control

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
- 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

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