



Cascade Orthopaedic Group

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Arthroscopic Bankart Repair Guidelines

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Phase 1: Week 0-2 MD Visit at Post-Op day 2-4

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| WOUND: | <ul style="list-style-type: none"> • Steri-strips removed @ 7-10 days. • Okay to shower once dressings are changed. |
| SLING USE: | <ul style="list-style-type: none"> • Arm in sling at all times. May remove for dressing, hygiene. Take out of sling for arm exercises 2-4 times daily. • Sleep with arm in sling. |
| ROM GUIDELINES: | <ul style="list-style-type: none"> • No active use of arm. • No extension (backwards) past the plane of the body • No external rotation (arm rotation outwards) greater than 0° (straight in front); extensive repairs may require more restrictions. |
| SHOULDER EXERCISES: | <p>**Note: Exercise prescription is dependent upon the tissue healing process and <u>individual</u> functional readiness in <u>all</u> stages.</p> <ul style="list-style-type: none"> • If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedic doctor. • PROM, AAROM within ROM guidelines. • Pendulum, Elbow and wrist AROM, Hand squeezing exercises. |
| AEROBIC EXERCISE: | <ul style="list-style-type: none"> • Stationary bike, elliptical machine, stair climber (all with sling on) for general conditioning. |
| MODALITY: | <ul style="list-style-type: none"> • ICE: 3-4x/day for 10-15 min. |

Phase 2: PROTECTION PHASE: Week 2-4

Initial Physical Therapy Evaluation and MD follow-up at 1-2 weeks post-op.

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| SLING: | <ul style="list-style-type: none"> • Arm in sling when out in public. At home, in safe environment, ok to wean out of sling. • May remove sling for table-top activities within pain tolerance: eating, brushing teeth, writing, occasional keyboard use. • Sleep with arm in sling. If uncomfortable, begin to wean off sling when sleeping. |
| ROM GUIDELINES: | <ul style="list-style-type: none"> • AROM OK for ADL's to chest height only (at home, in safe environment). • Goal at 4 weeks: ER 30 degrees at 0 and 90 degrees of abduction. • Full Internal Rotation, Abduction to 90 degrees. • Extension and Flexion as tolerated. |
| EXERCISES: | <ul style="list-style-type: none"> • Continue with pendulum and elbow ROM exercises. • PASSIVE, AAROM, and AROM within above guidelines. • Start: Submaximal Isometrics, Scapular stabilization, light weight-bearing exercise. • *OK to start other resistance exercise within ROM guidelines if patient is able to tolerate. Must be able to do 20 reps flexion and scaption with normal mechanics before adding weight through those motions. |
| AEROBIC EXERCISE: | <ul style="list-style-type: none"> • Stationary bike, elliptical machine, stair climber (all with sling on) for general conditioning. |
| MODALITY: | <ul style="list-style-type: none"> • ICE after exercises and before going to bed at night for 10-15 minutes. |

PHASE III: PROTECTION PHASE: Week 4-6

Continue with PT appointments as needed to gain ROM.

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| SLING: | <ul style="list-style-type: none">• Wean out of sling over week 4 – 5. |
| ACTIVITY: | <ul style="list-style-type: none">• AROM OK for ADL's (per guidelines below). |
| ROM GUIDELINES: | <ul style="list-style-type: none">• Goal at 6 weeks: ER 45 degrees at 0 and 90 degrees of abduction. Full flexion and internal rotation.• Abduction and extension as tolerated. |
| EXERCISES: | <ul style="list-style-type: none">• OK to progress resistance within ROM guidelines, as the patient is able to tolerate it. |
| AEROBIC EXERCISE: | <ul style="list-style-type: none">• Stationary bike, elliptical machine, stair climber with arm supported for general condi- |
| MODALITY: | <ul style="list-style-type: none">• ICE after exercises and before going to bed at night for 10-15 minutes. |

PHASE IV: BEGINNING STRENGTHENING & ENDURANCE PHASE: 6-8 weeks

MD follow-up at 6 weeks.

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| ROM GUIDELINES: | <ul style="list-style-type: none">• Work toward full AROM flexion, abduction, IR.• End ER goal should be to meet 90 degrees of motion at 90 degrees of abduction. |
| EXERCISES: | SHOULDER ROM EXERCISES AS NEEDED <ul style="list-style-type: none">• Instructions: Work on motion restrictions as needed. Patient should be more aggressive gaining motion but not "push through" any "sharp, jabbing, or pinching" pain. |
| | PROPRIOCEPTIVE NEUROMUSCULAR TRAINING EXERCISES <ul style="list-style-type: none">• Advance as tolerated closed chain - sport specific.• Perform these in ranges of less than 90 degrees elevation and in neutral rotation.• Exercises may include: Wall Ball drawing, Scapular Clock, Closed Chain quadruped balancing. |
| AEROBIC CONDITIONING: | <ul style="list-style-type: none">• Stationary bike, Stairmaster, Elliptical, etc.• Ok to start gradual running program. |
| MODALITY: | <ul style="list-style-type: none">• ICE as needed. |

CRITERIA FOR PROGRESSION TO PHASE V:

1. 90% FAROM
2. Pain free ADLs
3. 90% Strength per manual muscle testing

PHASE V: ADVANCED STRENGTHENING & BASIC FUNCTIONAL PHASE: 8 -11 weeks

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| EXERCISES: | <p>1. ROM EXERCISES AS NEEDED</p> <p>May need to be more aggressive with stretching. End ER goal should be to get 90 degrees of motion at 90 degrees of abduction.</p> |
| | <p>2. CUFF AND SCAPULAR PREs</p> <ul style="list-style-type: none"> • Emphasis is on muscle fatigue. Perform exercises to fatigue 3 times per week. • Move progressively into overhead positions. • Emphasis on rotator cuff eccentric exercises. • OK to begin pushup progression: Start with wall pushups. Progress to pushups on table, then to knees. Emphasizing scapular protraction at end of pushup. |
| | <p>3. PROPRIOCEPTIVE NEUROMUSCULAR TRAINING EXERCISES</p> <ul style="list-style-type: none"> • Rhythmic stabilization/mm co-contraction in overhead /functional positions. • Plyometrics (i.e., Rebounder : one-hand side arm throw, two-hand chest pass, two-hand side throw with trunk rotation) (Emphasis on proper mechanics and accuracy, NOT velocity). • Closed chain exercises progress to unstable surfaces. Can use Theraball, Profitter, BAPS, tiltboard, etc. in to quadruped position with wt shift to each UE. |
| | <p>4. FUNCTIONAL TRAINING</p> <p>Instructions: <u>Under the therapist's guidance.</u> Generally, "no overhead" activities are done and activities <u>must be pain free.</u> Begin each exercise at a submaximal level and progress the intensity level slowly as tolerated.</p> |
| | <ul style="list-style-type: none"> • Basketball – Dribbling, pass and catch (No overhead), shooting in the key. • Racquetball, tennis, ping pong – forehand and backhand (No overhead). • Football catch and underhand throw. • Volleyball - bumping, setting, and underhand serve. |

PHASE VI:FUNCTIONAL PHASE (12-16 WEEKS)

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| EXERCISE: | Pre-throwing exercise. |
| | Progress to throwing progression as tolerated. |

PHASE VI:FUNCTIONAL PHASE (16 - 20 WEEKS / 4 - 5 Months)

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| EXERCISE: | Overhead throw with good mechanics. |
| | Progress endurance throwing exercise as tolerated. |

Bankart Repair Activities List:

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| Running | 6-8 weeks |
| Stationary Bike | 0-2 weeks with sling on |
| Elliptical | 0-2 weeks with sling on |
| Stair stepper | 0-2 weeks with sling on |
| Basketball dribbling, pass, catch (no overhead) | 8-10 weeks |
| Basketball - Dribbling, passing and catching, shooting, rebounding | 12-16 weeks |
| Racquetball, tennis - forehand, backhand, overhand, serving | 16-20 weeks |
| Football catch and underhand throw | 8-10 weeks |
| Football catch / throw | 16-20 weeks |
| Volleyball bump, set, underhand serve | 8-10 weeks |
| Volleyball - bumping, setting, serving, spiking | 16-20 weeks |
| Swim - kickboard at chest, arm at side, modified stroke drills | 4-6 weeks |
| Swim - normal mechanics (dependent on ROM) | 12-16 weeks |
| Ski / Snowboard | 4 months |
| Hike | 4 weeks |
| Most contact sports (check with MD, if questions) | 4 months |