



Bankart Repair Protocol

Applicability: Physician Practices	Date Effective: 11/2016
Department: Rehabilitation Services	Date Last Reviewed: 01/2019
Supersedes: Dr. Beattie Arthroscopic Bankart Repair Accelerated Protocol and Arthroscopic Bankart Repair Traditional Protocol	Date Last Revised: 01/2021
Administration Approval: Deanna Orfanidis VP, Chief Nursing Officer	

Purpose: To define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Background: 80-90% of Bankart Repairs are performed with an anterior arthroscopic approach. Open approaches and Posterior Arthroscopic Approaches will be modified per MD orders on the patient’s discharge instructions.

Definitions: A Bankart lesion is when the anterior/inferior portion of the labrum is torn away from the glenoid fossa. This is usually caused by a dislocation of the glenohumeral joint anteriorly, or forward. The surgical technique used to correct a Bankart lesion is simply called a Bankart lesion repair. The goal of the Bankart surgery is to reconnect the torn labrum to the glenoid fossa, thus repairing and stabilizing the joint to prevent further dislocations.

Procedure:

Outpatient Physical Therapy will begin at post op day 1-2 for pt education and dressing change then resume at 3 weeks post-op.

IMMEDIATE POSTOP PHASE “Restrictive Motion” (Week 0- 6)

- Goals:*
- Protect the anatomic repair of the capsule
 - Prevent negative effects of immobilization
 - Promote dynamic stability and proprioception
 - Diminish pain and edema

Week 0-2

Edema Control: cryocuff or ice

Sling: for 6 weeks, remove for bathing. Sleep in sling for 6 weeks

Avoid: active shoulder motion



Suggested Exercises: Hand gripping
Hand, wrist, elbow and cervical AROM & isometrics

Weeks 3 – 6

Edema Control: cryocuff and/or ice

Sling: continue use of sling day and night until 6 weeks post-op

Precautions: Avoid excessive shoulder extension or elevation

No active shoulder external rotation for 6 weeks

Suggested Exercises: Initiate pendulums

Initiate AROM for shoulder flexion and abduction

Gentle shoulder ROM exercise (PROM and self PROM with wand/pulley)

Extension to tolerance

Flexion to 90 degrees

Abduction to 90 degrees

Scaption to 90 degrees

ER at 15-20 degrees abduction: 55-60 degrees

IR at 55-60 degrees abduction 55-60 degrees

Shoulder gentle isometrics in neutral (no ER isometrics)

rhythmic stabilization in supine

Initiate scapular strengthening program (prone horizontal
abduction, scapular row, supine serratus press)

Weeks 6-7

Continue use of ice/cryocuff

Wean from sling at 6 weeks post op

Suggested Exercises: Continue AROM for shoulder flexion, IR and abduction

Initiate AROM for shoulder external rotation at 6 weeks post op

Gradually improve ROM

Flexion to 145 degrees

ER at 45 degrees abduction: 55-60 degrees

IR at 45 degrees abduction 55-60 degrees

Initiate stretching exercises

Initiate ER/IR theraband resistance with arm at side

Continue Scapular strengthening

Patient may perform medium work tasks with both hands

INTERMEDIATE PHASE: Moderate Protection Phase (Weeks 7-14)

Goals: Restore full ROM (week10-12)



Preserve the integrity of the surgical repair of the capsule
Restore muscular strength and balance
Enhance neuromuscular control

Weeks 7-9

Suggested Exercises: Gradually progress ROM
Flexion to 160 degrees
Initiate ER/IR at 90 degrees abduction
ER at 90 degrees abduction: 70-80 degrees at week 7
ER to 90 degrees at weeks 8-9
IR at 90 degrees abduction: 70-75 degrees
Continue to progress strengthening program
Functional strengthening and strengthening away from neutral

Weeks 10-14

Suggested Exercises: Progress strengthening exercises
Continue all stretching exercises
Patient may perform heavy tasks at waist level or below

MINIMAL PROTECTION PHASE: (weeks 15-20)

Goals: Maintain full ROM
Improve muscular strength, power and endurance
Gradually initiate functional activities

Criteria to enter this phase:

- Full non-painful ROM
- Satisfactory stability
- Muscular strength (4 or better)
- No pain or tenderness

Weeks 15-20

Suggested Exercises: Continue all stretching exercises (capsular stretches)
Continue strengthening exercises:
Shoulder and scapular strengthening
Endurance training
Restricted sport activities (light swimming, half golf swings)

ADVANCED STRENGTHENING PHASE (Weeks 21-24)

Goals: Enhance muscular strength, power and endurance
Progress functional activities
Maintain shoulder mobility

Criteria to enter this phase:

- full non-painful ROM
- satisfactory static stability



- Muscular strength (4+ or better)
- no pain or tenderness

Weeks 21-24

Continue flexibility exercises
Continue strengthening program
Neuromuscular Control drills
Plyometric strengthening
Start throwing and engage in contact sports at 6 months
Swimmers can begin at 4-6 months with MD permission.

Return to work: Patient may perform overhead tasks, no repetitive overhead work. All repetitive exercises for shoulder at 90 degrees or less

RETURN TO ACTIVITY PHASE (Months 7-9)

Goals: Gradual return to sport activities
Maintain strength, mobility, stability

Criteria to enter this phase:

- full functional ROM
- satisfactory shoulder stability
- no pain or tenderness

Suggested Exercises: Gradually progress sport activities to unrestricted participation
Continue stretching and strengthening

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services.

Related Policies: N/A

References: N/A

Reviewers:

A. Key Stakeholders:

- Dr. Andrew Myrtue– Medical Director, Ortho & Rehab
- Karen Staniels – Director, Ortho, Rehab & Occupational Health

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing – Manager, Rehab Services

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