Bankart Repair Protocol

**Applicability:** Physician Practices

**Department:** Rehabilitation Services

**Supersedes:** Dr. Beattie Arthroscopic Bankart Repair Accelerated Protocol and Arthroscopic Bankart Repair Traditional Protocol

**Administration Approval:** Amy Putnam, VP Physician Services

**Date Effective:** 11/2016

**Date Last Reviewed:** 11/2016

**Date Last Revision:** 11/2016

**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 4 weeks, remove for bathing. Sleep in sling for 4 weeks*
Avoid: active shoulder motion

Suggested Exercises: Hand gripping

Hand, wrist, elbow and cervical AROM & isometrics

**Weeks 3 – 4**

*Edema Control: cryocuff and/or ice*

*Sling:* continue use of sling day and night until 4 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 5-6**

Continue use of ice/cryocuff

Wean from sling

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 (week 10-12)
- Perserve 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.
Monitoring Plan: Rehab Chart Audits
Related Policies: n/a
References: n/a

Reviewers: Rehab and Orthopedics

A. Key Stakeholders: Michael Barnum, Ortho Medical Director
B. Committees: n/a
C. Key Process Owner (KPO): Kristy Cushing, Rehab Manager. Karen Staniels Director of Ortho Rehab

Not part of policy: [ADD Key words for policy search if end user didn’t know the name]