



## Bankart Repair Protocol

<b>Applicability:</b> Physician Practices	<b>Date Effective:</b> 11/2016
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed:</b> 11/2016
<b>Supersedes:</b> Dr.Beattie Arthroscopic Bankart Repair Accelerated Protocol and Arthroscopic Bankart Repair Traditional Protocol	<b>Or</b> <b>Date Last Revision:</b> 11/2016
<b>Administration Approval:</b> Amy Putnam, VP Physician Services	

**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 (week10-12)  
Pervse 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 unrestrictive 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

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