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REHABILITATION PROTOCOL: Posterior Bankart Repair

This protocol is intended to guide clinicians and patients through the post-operative course for Posterior Bankart Repair. This protocol is time based (dependent on tissue healing) as well as criterion based. Specific intervention should be based on the needs of the individual and should consider exam findings and clinical decision making. If you have questions, contact the referring physician.

The interventions included within this protocol are not intended to be an inclusive list of exercises. Therapeutic interventions should be included and modified based on the progress of the patient and under the discretion of the clinician.

Considerations for the Post-Operative Bankart Repair Rehabilitation Program

Many different factors influence the post-operative posterior Bankart repair rehabilitation outcomes, including preoperative tissue quality, shoulder range of motion, arm strength, and function. Other individual considerations include patient age and co-morbidities, such as: increased BMI, smoking, and diabetes. It is recommended that clinicians collaborate closely with the referring physician regarding specific range of motion or loading guidelines for each individual case.

Post-Operative Complications:

If the patient develops a fever, unresolving numbness/tingling, excessive drainage from the incision, uncontrolled pain or any other symptoms you have concerns about, you should contact the referring physician.

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PHASE I: IMMEDIATE POST-OP (WEEKS 0-4 WEEKS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Allow healing of repaired capsule ▪ Initiate early protected and restricted range of motion (ROM) ▪ Decrease pain/inflammation
Sling	<ul style="list-style-type: none"> ▪ Sling on at all times, only remove for showering and therapy including elbow and wrist ROM <ul style="list-style-type: none"> ○ Neutral Rotation, 30-45 degrees ABD ○ Sleep in sling for 6 weeks ○ Shower with arm by your side
Precautions	<ul style="list-style-type: none"> ▪ No internal rotation ▪ No horizontal adduction ▪ No upper extremity weight bearing ▪ No overhead activities
Interventions	<p>Swelling Management</p> <ul style="list-style-type: none"> ▪ Ice, compression, modalities as indicated <p>Manual therapy</p> <ul style="list-style-type: none"> ▪ Grade 1-2 traction and inferior glides in loose packed position to help manage pain and muscle guarding <p>Range of motion/Mobility</p> <ul style="list-style-type: none"> ▪ PROM Supine external rotation to tolerance ▪ PROM Supine forward elevation (limited to 120 deg) ▪ Pendulums <p>Strengthening</p> <ul style="list-style-type: none"> ▪ Isometrics: Internal and external rotation in neutral, flexion, extension and abduction ▪ Rhythmic stabilization and proprioceptive exercises with PT ▪ Scapular retraction • Ball squeeze exercise
Criteria to Progress	<ul style="list-style-type: none"> ▪ PROM shoulder flexion to 90 deg ▪ Compliant with post-op precautions ▪ No complications in initial phase

PHASE II: INTERMEDIATE POST-OP (5-6 WEEKS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Gradual increase in ROM ▪ Initiate active assisted/active ROM ▪ Improve strength ▪ Decrease pain/inflammation
Sling	<ul style="list-style-type: none"> ▪ Wean from sling

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Precautions	<ul style="list-style-type: none"> ▪ No internal rotation behind back ▪ No horizontal adduction ▪ No upper extremity weight bearing ▪ No overhead activities
Interventions *Continue with Phase I interventions	<p>Pain/Swelling management</p> <ul style="list-style-type: none"> ▪ Cryotherapy and Modalities as indicate <p>Active Assisted/Active ROM</p> <ul style="list-style-type: none"> ▪ IR: to 30 deg in plane of scapula ▪ Flexion: to 140 deg as tolerated ▪ ER to tolerance <p>Strengthening</p> <ul style="list-style-type: none"> ▪ Side-lying ER ▪ Prone row ▪ Prone extension ▪ Standing forward flexion to 90 deg ▪ Biceps curl ▪ Band exercises: ER, IR (IR limited to neutral) <p>Manual Therapy</p> <ul style="list-style-type: none"> ▪ Grades 1-3 oscillatory mobs to GH joint. Caution not to over-stress repaired structures
Criteria to Progress	<ul style="list-style-type: none"> ▪ Shoulder flexion ROM to 120-140 deg ▪ Pain/inflammation controlled ▪ Compliant with post-op precautions

PHASE III: LATE POST-OP (7-12 WEEKS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Gradually restore ROM ▪ Increase strength ▪ Improve neuromuscular control ▪ Enhance proprioception and kinesthesia
Precautions	<ul style="list-style-type: none"> ▪ Discontinue sling ▪ Continue to avoid excessive/forceful horizontal adduction and internal rotation <ul style="list-style-type: none"> ○ IR behind back to beltline only ▪ No push-ups
Additional Interventions *Continue with Phase I-II Interventions	<p>Range of Motion/Mobility</p> <ul style="list-style-type: none"> ▪ ER @ 90 deg abduction to tolerance ▪ Shoulder flexion to tolerance ▪ IR in plane of scapula to 60 deg ▪ IR @ 90 deg abduction to 30-45 deg by week 10

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	<ul style="list-style-type: none"> ○ Progress gradually with caution to 60-65 deg by week 12 ▪ Pulleys ▪ Wall slides ▪ Hands-behind-head stretch <p>Strengthening</p> <ul style="list-style-type: none"> ▪ Band exercises: Dynamic hug, bilateral ER/'W's, biceps curl, rows, forward serratus punch, diagonal flexion and extension patterns, ER/IR @ 90 deg ▪ Side-lying scaption ▪ Prone 'T's, 'Y's ▪ Standing scaption ▪ Rhythmic stabilization and proprioception drills ▪ Wall push-ups at week 12
Criteria to Progress	<ul style="list-style-type: none"> ▪ ER @ 90 deg abduction to 85-90 deg, 110-115 deg for throwers ▪ IR @ 90 deg abduction to 60-65 deg ▪ IR in plane of scapular to 60 deg ▪ Shoulder flexion to 165 deg

PHASE IV: TRANSITIONAL POSTOP (13-20 WEEKS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Protect the surgical repair ▪ Regain full range of motion ▪ Continue strengthening ▪ Gradual return to full activity
Precautions	<ul style="list-style-type: none"> ▪ Do not stress anterior capsule with aggressive overhead strengthening ▪ Avoid contact sports ▪ No lifting > 10lbs
Additional Interventions *Continue with Phase I-III interventions	<p>Range of Motion/Mobility</p> <ul style="list-style-type: none"> ▪ Horizontal adduction stretching ▪ ER @ 90 deg abduction stretching ▪ Full behind back IR <p>Strengthening</p> <ul style="list-style-type: none"> ▪ Initiate weight training with machine resistance: front pull downs, seated row, seated bench press: at week 16 ▪ Closed kinetic chain: ball on wall, push-up progression with unstable surface: at week 20 ▪ PNF manual resistance with PT
Criteria to Progress	<ul style="list-style-type: none"> ▪ Full shoulder ROM ▪ 80% strength of ER and IR compared to contralateral shoulder with dynamometry testing

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	<ul style="list-style-type: none"> ▪ 80% or > performance with field testing
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PHASE V: EARLY RETURN TO SPORT (21-28 WEEKS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Full shoulder strength ▪ Unrestricted activities ▪ Initiation of interval return to sport training at 28 weeks
Additional Interventions *Continue with Phase II-IV interventions	<p>ROM/Mobility</p> <ul style="list-style-type: none"> ▪ Soft tissue stretching to restore or maintain full shoulder ROM <p>Strengthening</p> <ul style="list-style-type: none"> ▪ Plyometric exercises: rebounder throws, overhead ball dribbles, deceleration catches, standing ball drops, prone 90/90 ball drops • Progressive weight training involving compound movements and larger muscle groups
Criteria to Progress	<ul style="list-style-type: none"> ▪ 90% or > strength of ER and IR compared to contralateral shoulder with dynamometry testing ▪ 90% or > performance with field testing ▪ 90% or > on reported outcome measures (DASH, Penn Shoulder Score)

PHASE VI: UNRESTRICTED RETURN TO SPORT (6+ MONTHS AFTER SURGERY)

Rehab Goals	<ul style="list-style-type: none"> ▪ Maintain full pain-free ROM ▪ Enhance functional use of upper extremity ▪ Gradual return to strenuous work activities ▪ Gradual return to recreational activities ▪ Gradual return to sports activities
Additional Interventions *Continue with Phase III-V interventions	<ul style="list-style-type: none"> ▪ Continue strengthening and motor control exercises ▪ Begin throwing and overhead sport activities – per MD approval ▪ Progress into plyometrics ▪ Refer to specific return-to-sport protocols/throwing programs (coordinate with surgeon)
Criteria to Progress	<ul style="list-style-type: none"> ▪ Last stage, no additional criteria

**Acknowledgement: This rehab protocol was largely adopted from the protocols at MGH Sports Medicine Physical Therapy, which can be found at <https://www.massgeneral.org/orthopaedics/sports-medicine/physical-therapy/sports-rehab-protocols>*