


Bankart Repair Guidelines

 NMC <small>NORTHWESTERN MEDICAL CENTER</small>	Document Classification	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline
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Purpose: Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users: Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants

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.

Guidelines:

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)
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 unrestricted participation.
Continue stretching and strengthening.

Responsibilities:

Variances will be communicated by the surgeon directly to the rehabilitation staff.
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.

References:

Clinical Orthopedic Rehabilitation a Team Approach

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