Rehab Practice Guidelines for:
Bankart Repair

**Primary Surgery:** Repair of Bankart Lesion, which is a detachment of the AIGHL/capsulolabral complex from the anterior glenoid neck, usually caused by traumatic anterior dislocation

**Precautions:**
- Primary repair - Avoid “High 5 / Low 5” positions
- If Open repair: No active IR for 4 weeks. No IR strengthening for 6-8 weeks.
- If coupled with a SLAP repair, follow Open Bankart repair guidelines

**Notes:**
- Patients will only be seen before 4 weeks if they have range of motion limitations (IR, HOR ADD).
- Open repair:
  - Compromises the subscapularis. Be wary of subscapularis stretching or contraction with these procedures (especially if subscapularis is cut, not split).
  - Associated with slower recovery of strength, especially forward flexion, increased stiffness, and increased post-op pain.

**Expected # of visits:** 11-29

<table>
<thead>
<tr>
<th>Week Numbers</th>
<th>Treatment Strategies</th>
<th>Milestones</th>
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</table>
| **Week 1**
Dates: ______to ______ | • Ice for pain and inflammation control | • Sleep comfortably through the night wearing sling |
|  | • Remove Sling TID for Pendulum exercises (Codman’s) |  |
|  | • No formal PT unless needed |  |
|  | • Use sling 24 hrs/day |  |
|  | • No Driving |  |
|  | • Modalities for pain and inflammation control as needed |  |
|  | • Scar Mobilization when incisions healed |  |
|  | • Joint Mobilization |
|  | o If hypomobile - grade III/IV mobilizations for inferior glide only (no grade III/IV mobs for ant glide, posterior glide or distraction) |
|  | o If normal - grade I/II mobilizations PRN |  |
|  | • PROM and AAROM exercises in all planes only to restrictions stated in milestones |
|  | o Sleeper Stretch for IR (in plane of scap) |
|  | o AROM through full ROM without compensations (only to milestones) |
|  | • Isometric strengthening in all directions |
|  | o IR (unless open procedure, then wait until week 6) |
|  | ER, ABD, forward flexion |  |
| **Weeks 2-4**
Dates: ______to ______ |  |  |
| Total Visits: 3-12 |  |  |
- **Scapular control exercises**<sup>3,4,6</sup>  
- **Begin rhythmic stabilization exercises**<sup>2,3,6,7</sup>  
- **Elbow and grip ROM/strengthening PRN**<sup>2,3,6</sup>  
- **Initiate HEP**  

**Weeks 5-6**  
**Dates:** ______ to _______  
**Total Visits:** 5-18  
- **D/C use of sling**  
- **1-3 visits/wk**  
- *(If open repair: May initiate active IR week 4)*

- **Progress ROM to milestones**<sup>1,2,6</sup>  
  - Progress Sleeper stretch by increasing angle of abduction  
  - AROM to milestones without compensations  
- **Progress shoulder strengthening exercises from isometric to isotonic**<sup>2,3,6,10</sup>  
  - Sidelying gravity resisted ER/IR  
  - T-band IR/ER with towel roll under arm at 0° ABD (no IR until week 6 if open procedure)  
  - PNF  
  - Shoulder flexion, scaption, and ABD to 90°  
- **Progress scapular strengthening exercises**<sup>3,4,6,7</sup>  
  - Progress serratus push-up plus to more horizontal surfaces  
  - HOR ADD with T-band  
  - Bilateral ER/scap retraction in 0° ABD with T-band  
  - T-Band Rows to 20° ext  
  - Prone mid trap exercises with scap retraction to plane of the body  
- **PRN, begin NMES to supraspinatus and infraspinatus using guidelines at end of protocol**<sup>9</sup>  
- **Begin gentle dynamic stabilization exercises**<sup>2,3,6,7</sup>  
  - Rhythmic stabilizations with arm in 90° flexion—begin in supine and progress to seated  
  - "Ball on the Wall" at 90° flexion  
- **Modify HEP accordingly**  

**Weeks 7-8**  
**Dates:** ______ to _______  
**Total Visits:** 8-24  
- **1-3 visits/wk**  

- **Continue to progress shoulder strengthening exercises**<sup>3,4,6,7</sup>  
  - T-band IR/ER at 90° ABD to begin week 8-10  
- **Continue to progress scapular stabilization/strengthening exercises**<sup>3,4,5,6</sup>  
  - Closed chain exercises  
  - Quadruped or tripod rhythmic stabilizations  
- **Progress dynamic stabilization exercises**<sup>2,3,6</sup>  
  - Progress rhythmic stabs to more challenging and functional positions  
  - D2 PNF with manual resistance  
  - Inertial machine IR/ER beginning in less ABD/ER and  

- **AROM/PROM:**  
  - **ER:** 45° in plane of scapula  
  - **IR:** full in plane of scapula  
  - **Flex/ABD:** 135°-140° pure plane  
  - **Ext:** to 20° beyond the plane of the body  
  - **Full HOZ ADD**  

**ROM**  
- Maintains full ROM for flexion, ABD, and IR  
- When 70° ER at 90° of ABD achieved hold on progressing. If a thrower or overhead athlete, stop at 90°  

**Independent with HEP**  
- **Strength improving**
<table>
<thead>
<tr>
<th>Weeks 9-12</th>
<th>Progress strengthening program prn(^1,3,6,7)</th>
<th>(\text{MMT 5/5 all shoulder motions})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates: ______ to _______</td>
<td>Progress plyometrics to 1 handed(^2,3,5,6,7)</td>
<td>Full shoulder ROM equal to the uninvolved side</td>
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<tr>
<td>Total Visits: 9</td>
<td>Progress scap strengthening/stabilization exercises(^4,6,7)</td>
<td>Transition to gym program/HEP for strengthening</td>
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<tr>
<td>• 1-2 visits/wk</td>
<td>Progress isokinetics to 45° ABD</td>
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<tr>
<td></td>
<td>Begin gym strengthening program as part of HEP with appropriate weight lifting modifications(^6,8)</td>
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<tr>
<th>Weeks 13-15</th>
<th>Continue strengthening program prn(^2,3,6,7)</th>
<th>Continue gym program/HEP for strengthening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates: ______ to _______</td>
<td>Continue plyometrics to 1 handed(^2,3,5,6,7)</td>
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<tr>
<th>Weeks 16-26</th>
<th>Continue strengthening, dynamic stabilization exercises as HEP and/or in PT prn(^2,3,6,7)</th>
<th>Return to sport/work</th>
</tr>
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<tbody>
<tr>
<td>Dates: ______ to _______</td>
<td>Begin sport specific interval training program and/or throwing progression(^2,6,7)</td>
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<tr>
<td>• Physical therapy is as needed for sport/work specific activities</td>
<td>Progression of sport/work specific rehabilitation following soreness rules(^7)</td>
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Neuromuscular Electrical Stimulation (NMES) Guidelines

- **Patient Positioning:** seated in a chair with arm in about 30° of elevation in scapular plane and neutral IR/ER using a mobilization belt to prevent movement.

- **Electrode Placement**
  - **Supraspinatus:** both pads placed superior to spine of scapula. One pad placed at the medial border of the scapula and one pad placed at lateral border of scapula. Avoid the upper trapezius as much as possible.
  - **Infraspinatus:** both pads placed inferior to the spine of the scapula. One pad placed at the medial border of the scapula and one pad placed at the lateral border of the scapula.

- **Parameters:**
  - **EMPI 300PV unit:** Pulse width= 400 microseconds, frequency= 75 pulse per second, on time= 12 seconds, off time= 50 seconds, ramp time= 2 seconds. Intensity to tolerance, goal of visible tetanic contraction.
  - **Versastim:** Pulse width=2500Hz, frequency=75 bursts per second, on time=12 seconds, off time=50 seconds, ramp time=2 seconds. Intensity to tolerance, goal of visible tetanic contraction.

References


Updated: March 2016