Rehabilitation after Arthroscopic Posterior Bankart Repair

Phase 1: 0 to 2 weeks after surgery

POSTOPERATIVE INSTRUCTIONS

You will wake up in the operating room. A sling and an ice pack will be in place. You will go to the recovery room and generally will be discharged after 1-2 hours. You can get out of bed when you wish. Apply ice to the shoulder to reduce pain and swelling. You may remove the sling whenever you wish and gently move the elbow, wrist and fingers. Follow Dr. Gill’s instructions regarding moving your shoulder after surgery.

GOALS:
1. Control pain and swelling
2. Protect the repair
3. Begin early shoulder motion

ACTIVITIES WHEN YOU GO HOME:

1. Apply ice to the shoulder as tolerated to reduce pain and swelling. You can change the dressing to a smaller one to allow the cold therapy to reach the shoulder.
2. Remove the sling on the first day after surgery.
3. Move your elbow, fingers and hand several times a day.
4. Begin the pendulum exercise several times a day:

   Pendulum exercise
   Bend over at the waist and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion. Repeat for 2 to 3 minutes at a time.

5. Remove the outer dressing on the second day after surgery and shower. Leave the little pieces of tape (steri-strips) in place. You can get the wound wet after 2 days in a shower, but do not soak in a tub. To wash under the operated arm, bend over at the waist and let the arm passively swing away from the body. It is safe to wash under the arm in this position.
6. You may use your hand on the operated arm as long as you do not raise the hand above your head or reach across the front of your body. Also, do not reach your hand behind you as if to tuck in your shirt or to loop your belt. You should bend your arm at the elbow and use your fingers and hand, such as to reach up and touch your face. Keep your elbow in front of you.
7. Call the doctor’s office for any concerns, including, but not limited to, severe pain, fevers, chills or redness.

OFFICE VISIT: Please arrange to return to Dr. Gill’s office 7-14 days after surgery for examination and further instructions.
Rehabilitation after Arthroscopic Posterior Bankart Repair

Phase One: 5 to 6 weeks after surgery

Goals:
- Gradual increase in ROM
- Improve strength
- Decrease pain/inflammation
- Protect the labrum repair

Activities:

1. **Sling**
The sling is no longer necessary.

2. **Use of the operated arm**
   You may now carefully use your arm. Avoid having the arm forcefully pulled behind you or across your chest in front of you. Continue to avoid heavy weight lifting or manual labor. Follow any further instructions given to you by your doctor.

3. **Precautions**
   You may use your hand on the operated arm as long as you **do not** raise the hand above your head or reach across the front of your body. Also, do not reach your hand behind you as if to tuck in your shirt or to loop your belt. You should bend your arm at the elbow and use your fingers and hand, such as to reach up and touch your face. Keep your elbow in front of you. Do not bear the weight of the body on your arm.

4. **Ice**
   Use ice or cold as necessary 15-20 minutes.

**STRETCHING / ACTIVE MOTION**

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Times per day</th>
<th>Times per day</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>1-3</td>
<td>1</td>
<td></td>
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</tbody>
</table>

**Program:**
- Pendulum exercises
- Supine External Rotation
- Hands-behind-head stretch
- Standing external rotation stretch
- **Supine forward flexion:**
  - Limit 140° week 6

**STRENGTHENING EXERCISES**

Days per week: 7
Rehabilitation after Arthroscopic Posterior Bankart Repair

Phase Two: 7 to 12 weeks after surgery

Goals:
1. Protect the shoulder repair
2. Regain full range of motion
3. Continue gradual strengthening

Activities:
1. Use of the operated arm
   You may now use your arm in a more normal fashion. You may move the arm into all positions including behind the back if it is comfortable. Avoid having the arm forcefully pulled behind you, pulled across the chest or bearing weight as if doing a push-up. Continue to avoid heavy weight lifting or manual labor. Follow any further instructions given to you by your doctor.

2. Precautions
   Do not lift heavy objects overhead with the weight going behind the head. In other words, keep objects in front of you where you can see them.

Exercise Program:

STRETCHING / RANGE of MOTION
Days per week: 7    Times per day: 1-2

- Pendulum exercises
- External rotation @90° abduction stretch
- Wall slide Stretch
- Hands-behind-head stretch
- Standing external rotation stretch
- Standing Forward Flexion
- Behind the back internal rotation: starts after the 8th week after surgery
- Horizontal adduction stretch: starts after the 8th week after surgery

STRENGTHENING / THERABAND
Days per week: 7    Times per day: 1

- External Rotation
- Internal Rotation
- Standing Forward Punch
- Shoulder Shrug
- Dynamic hug
- “W”’s
- Seated Row
- Biceps curl
STRENGTHENING / DYNAMIC

Days per week: 7    Times per day: 1

Side-lying External Rotation
Prone Horizontal Arm Raises ‘T’s
Prone scaption ‘Y’
Prone row
Prone extension
Standing forward flexion “full-can” exercise
Rhythmic stabilization and proprioceptive training drills with physical therapist
Rehabilitation after Arthroscopic Posterior Bankart Repair

Phase Five: 13-20 weeks after surgery onward

Goals:
1. Progression of functional activities
2. Maintain full range of motion
3. Continue progressive strengthening

Exercise Program:

STRETCHING / RANGE OF MOTION
Days per week: 5-7   Times per day: 1
Continue all exercises from phase 4

STRENGTHENING / THERABAND
Days per week: 3   Times per day: 1
Continue from phase 4

STRENGTHENING / DYNAMIC
Days per week: 3   Times per day: 1
Continue from phase 4

PLYOMETRIC PROGRAM
Days per week per physical therapist
May process weight bearing program:
- Ball on wall
- Pushup on unstable surface

WEIGHT TRAINING
Days per week per physical therapist
See weight training precautions section
Machine resistance (limited ROM):
- Latissimus dorsi pull downs
- Seated row

Seated bench press
Guidelines for Returning to Weight Training After Arthroscopic Labrum Repair

You should not return to training using heavy weights or on weight machines until Dr. Gill determines that it is safe. In general, it is usually safe to return to heavier weight training at three to four months following labrum repair.

Before embarking on a weight-training program, you should have full range of shoulder motion and normal strength in the rotator cuff and scapular muscles. The doctor or a physical therapist will test your motion and strength before you start weight training.

When starting your weight-training program, you can start with 3 sets of 15-20 repetitions. Training with high repetition sets ensures that the weights that you are using are not too heavy.

NEVER perform any weight training exercise to the point of muscle failure. “Muscle failure” occurs when, in performing a weight training exercise, the muscle is no longer able to provide the energy necessary to contract and move the joint(s) involved in the particular exercise. Joint, muscle and tendon injuries are more likely to occur when muscle failure occurs.

The following weight training exercises should be avoided after Bankart repair for shoulder instability:
1. Pull downs behind-the-neck (wide-grip)
2. Behind-the-neck shoulder press
3. Wide-grip bench press
4. Standing lateral deltoid raises
5. Triceps press overhead

The following exercises require special cautions:
1. Pull downs should only be done in front of the head, to the chest, with a medium(not wide) grip.
2. Shoulder press overhead should be done carefully, avoiding heavy weights. If doing shoulder presses, always start with the hand in front of the shoulder and end overhead where you can still see your hand. For persons using barbells, this is the “military press”.
3. If bench pressing, your grip should be no wider than the wider than the width of your shoulders. Avoid any exercises using grips wider or narrower than shoulder width.
4. Lateral deltoid raises should be avoided because of the impinging and wearing effect on the rotator cuff. Forward raises in the “thumb-up” position are usually safer and can be done with reasonable weights. Lateral raises from the prone or bent over position can be done as a substitute for standing lateral deltoid raises.
5. When doing incline bench press with barbells, there is a danger of shoulder dislocation if the lifter loses control of the bar when returning the barbell to the rack of the incline bench. Always have a spotter for removing and replacing the barbell in this exercise.
6. If you are doing any type of “chest-fly”, keep in mind the following precautions. Do not do any chest-fly exercise with straight elbows. Always allow the elbows to bend and never lower your hands (holding dumbbells) below the level of your chest.
7. If you are using a “Pec-Deck” machine, never let the weight stretch the arms so that your elbows pass behind your chin. You can set the arms on this machine a few clicks forward to adjust the maximum motion allowed.
8. If you a performing “dips” using a set of parallel bars, never lower yourself below the point where the elbows reach a 90-degree angle.
9. For triceps exercises, triceps pushdowns on a pulley system are safe as well as bent-over triceps extensions.
10. When doing the upright-rowing exercise, keep your grip at least 12 inches apart. When pulling the bar upward toward the chin, do not raise the bar higher than the point at which the elbow reaches shoulder level.
Exercises Usually Problem-Free
1. Biceps Curls
2. Cable and bent-over rowing
3. Shoulder shrugs

If your goal is returning to high-level weight training or weight lifting, it will take 3 to 6 months of cautious, gradual progression to return to top form. In general, avoid increasing the amount of weight lifted by more than 10-15% (at a time) of your present working weight every 10-14 days.

Remember: Weight training is beneficial to improve muscular strength and protect the joints from injury. If done improperly by using too much weight and/or improper technique, weight training can cause serious injury.
Rehabilitation after Arthroscopic Posterior Bankart Repair

Phase Four: 21-28 weeks after surgery onward

Goals:

1. Progression of functional activities
4. Maintain full range of motion
5. Continue progressive strengthening

STRETCHING / RANGE OF MOTION
Days per week: 5-7   Times per day:  1
Continue all exercises from phase 5

STRENGTHENING / THERABAND
Days per week: 3   Times per day:  1
Continue from phase 5

STRENGTHENING / DYNAMIC
Days per week: 3   Times per day:  1
Continue from phase 5

PLYOMETRIC PROGRAM
Days per week per physical therapist
May process weight bearing program:
  • Rebounder’ throws with arm at side
  • Wall dribbles overhead
  • Rebounder throwing/weighted ball
  • Deceleration drills with weighted ball
  • Wall dribbles at 90°
  • Wall dribble circles

WEIGHT TRAINING

Days per week per physical therapist
See weight training precautions section
Progress per MD instructions

INTERVAL SPORT PROGRAMS at 28 to 32 weeks

See individual programs for golf, tennis, swimming and throwing.
<table>
<thead>
<tr>
<th>Post-op phase</th>
<th>Sling</th>
<th>Range of Motion</th>
<th>Therapeutic exercises</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0 to 4 weeks after surgery</td>
<td>Per MD instructions. Per MD instructions.</td>
<td>*Flexion to 120 degrees as tolerated</td>
<td>*Isometrics: ER, IR, FLX, EXT, ABD</td>
<td>No internal rotation</td>
</tr>
<tr>
<td>Goals:</td>
<td></td>
<td>*ER @ 0º to 90º to tolerance</td>
<td>*Pendulum exercises</td>
<td>No horizontal adduction</td>
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<tr>
<td>*Allow healing of repaired capsule.</td>
<td></td>
<td>*No IR behind back, *No IR@90º, *No horizontal adduction</td>
<td>*Supine forward flexion with wand</td>
<td>No closed chain positions</td>
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<tr>
<td>*Initiate early protected and restricted range of motion.</td>
<td></td>
<td>*Supine ER at neutral</td>
<td>*Propriocetion drills</td>
<td>No activities above head.</td>
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<tr>
<td>*Minimize muscular atrophy.</td>
<td></td>
<td>*Scapular retraction with ER</td>
<td>*Ball squeeze</td>
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<tr>
<td>*Decrease pain/inflammation.</td>
<td></td>
<td>At 5-6 weeks: IR in plane of scapula: 30º</td>
<td>*Elbow and forearm exercises</td>
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<tr>
<td><strong>5 to 6 weeks after surgery</strong></td>
<td></td>
<td>*Flexion to 120º as tolerated</td>
<td>At 5-6 weeks: Standing ERN stretch</td>
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<tr>
<td>Goals:</td>
<td></td>
<td>At 5-6 weeks: IR in plane of scapula: 30º</td>
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<tr>
<td>*Gradual increase in ROM</td>
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<tr>
<td>*Improve strength</td>
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<td></td>
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<tr>
<td>*Decrease pain/inflammation</td>
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<tr>
<td><strong>Phase 2</strong></td>
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<tr>
<td>7 to 12 weeks after surgery</td>
<td>D/C</td>
<td>*ER at 90º abduction to tolerance (should be 85-90º by week 8)</td>
<td>Theraband exercises: Continue phase1 Add: Shrug, Dynamic hug, ‘W’s. Biceps curl Row Forward punch (serratus punch) Dynamic exercises: PRE 1-3 lb as tolerated Continue phase1 Add: *Side-lying scaption</td>
<td>Gradual ROM for IR behind back, IR at 90º abduction and horizontal adduction</td>
</tr>
<tr>
<td>Goals:</td>
<td></td>
<td>*Shoulder flexion to tolerance (165 º by week 8)</td>
<td>*Rope and pulley:</td>
<td>No push-ups or pushing movements</td>
</tr>
<tr>
<td>*Gradually restore range of motion</td>
<td></td>
<td>*IR in plane of scapula: 60</td>
<td>*Elevation in scapular plane</td>
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<tr>
<td>*Increase strength</td>
<td></td>
<td>*IR at 90º abduction to 30-45º week 10 Progress cautiously and gradually to 60-65º by week 12</td>
<td>*Wall slide</td>
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<tr>
<td>*Improve neuromuscular control</td>
<td></td>
<td>*ER @ 90º progress to 90º (110-115º for throwers)</td>
<td>*IR behind back to beltline only</td>
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<td>*Enhance proprioception and kinesthesia</td>
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<td>*Gradually improve ROM all planes</td>
<td>*Horizontal adduction reach only</td>
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<td>*Gradient scaption</td>
<td>*Hands behind-the-head stretch</td>
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<td></td>
<td></td>
<td>*ER @ 90º abduction stretch</td>
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<td></td>
<td></td>
<td>*ER @ 90º abduction stretch</td>
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<tr>
<td>Post-op Phase</td>
<td>Therapeutic Exercises</td>
<td>Return to Sports</td>
<td>Precautions</td>
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<td><strong>Phase 2</strong> continued</td>
<td><em>Transition IR gradually from plane of scapula to coronal plane</em>&lt;br&gt;<em>Progress IR to 60-65 degrees at 90 degrees abduction by week 12</em>&lt;br&gt;&lt;br&gt;<strong>Theraband:</strong> add 'T's, diagonal up and down, External rotation at 90°, Internal rotation at 90°&lt;br&gt;&lt;br&gt;<strong>Dynamic:</strong>&lt;br&gt;<em>Continue previous</em>&lt;br&gt;<em>Initiate push-ups into wall at week 12 (then push-up progression per MD)</em>&lt;br&gt;<em>Emphasize muscle strength of ER, scapular region</em></td>
<td>Not yet</td>
<td>Continue to avoid excessive or forceful horizontal adduction and internal rotation</td>
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<tr>
<td><strong>Phase 3</strong> 13-20 weeks after surgery</td>
<td><em>Progress to full ROM</em>&lt;br&gt;<em>Side lying IR @ 90° limit 60 to 65° at week 12 and full by week 20.</em>&lt;br&gt;<em>Horizontal adduction stretch</em>&lt;br&gt;<em>IR behind back full</em></td>
<td><em>Continue theraband and dynamic exercises from phase 1 and 2</em>&lt;br&gt;<em>Weight training can begin.</em>&lt;br&gt;<em>Machine resistance (limited ROM):</em>&lt;br&gt;<em>Front pull downs</em>&lt;br&gt;<em>Seated row</em>&lt;br&gt;<em>Seated bench press at week 16</em>&lt;br&gt;<em>May progress CKC program:</em>&lt;br&gt;Ball on wall Pushup on unstable surface at 20 weeks</td>
<td>Gradual return to recreational activities</td>
<td>See weight training precautions.</td>
</tr>
<tr>
<td><strong>Phase 4</strong> 21-28 weeks after surgery onward</td>
<td>Full ROM</td>
<td><em>Plyometric exercises:</em>&lt;br&gt;<em>Rebouder throws arm at side</em>&lt;br&gt;<em>Wall dribbles overhead</em>&lt;br&gt;<em>Rebouder throws with weighted ball,</em>&lt;br&gt;<em>Decelerations, wall dribbles at 90°</em>&lt;br&gt;<em>Wall dribble circles</em></td>
<td>Interval sports programs can begin between 28-32 weeks. Strength athletes can gradually resume regular training</td>
<td>Weight training precautions. Shoulder brace sometimes for collision sports.</td>
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</tbody>
</table>