Posterior Bankart Repair Protocol

The Posterior Bankart procedure is performed to increase posterior stability of the shoulder. The following is a guideline for progression of post-operative treatment.

- **General Information**
  - Time required for full recovery is 4-6 months.
  - There may be a loss of internal rotation when compared to the other side, but the motion is usually adequate for most activities.
  - Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems.

- **Immobilization**
  - External rotation brace with large pillow is worn for 4 weeks. When this brace is removed the hand should be in a hitchhike position (elbow extended, palm facing front, thumb pointed away from the body). **The hand should not cross in front of the body.** The sling may be removed after the block has worn off when the patient is in controlled environments (watching TV, working at a desk) as long as the hand is kept out and away from the front of the body.
  - After **4 weeks** the patient may use a regular sling and the hand can come in front of the body.
  - The patient **should not** reach behind his/her back.
  - After **6 weeks** no sling is required.

- **Personal Hygiene / Showering**
  - Avoid getting incision/portal sites wet for 48 hours.
  - Ok to begin showering 48 hours after surgery (if no wound related issues).
  - Avoid baths, hot tubs, and swimming until incision/portal sites have healed.
  - DO NOT remove steristrips.
1st POST-OP VISIT / 0 WEEKS POST-OP

1. Wound Inspection
2. Patient Education
   - Icing 3 times/day for 20 minutes each
3. Exercises
   - Pendulum without weight – perfomed with elbow extended and the arm externally
     rotated, forearm supinated (in the hitch-hike position)
     - clockwise
     - counterclockwise
     - side-to-side
     - front & back
   - AAROM exercises to patient tolerance – Cane/Pulleys
     - flexion
     - abduction
     - external rotation
     - NO internal rotation
   - AROM exercises
     - elbow flexion / extension
     - wrist flexion / extension and pronation / supination
     - scapular retraction/shrugs (seated or standing in sling)
4. Modalities - PRN
5. Ice

1 WEEK POST-OP

1. Wound inspection
2. Exercises
   - AAROM exercises to patient tolerance – Cane/Pulley
   - Pendulum (continue as previous)
   - Isometric exercises
     - flexion / extension
     - abduction
     - external rotation
   - Progression resistive exercises to tolerance
     - bicep curls
     - triceps / shoulder extensions
     - wrist flexion / extension
     - wrist pronation / supination
     - gripping exercises
     - shoulder shrugs / scapular retraction (seated / standing in sling)
3. Grade I/II glenohumeral joint mobilization - as indicated
   - no posterior glides until 8 weeks post-op
4. Modalities - PRN
5. Ice
2 WEEKS POST-OP
1. Wound inspection, remove sutures (if not already performed by surgeon)
2. Exercises
   - AAROM exercises to tolerance
     - begin Upper Body Ergometer forward / reverse
     - Cane / Pulleys – progress to finger ladder / wall climbs
   - Pendulum exercises with light weight
   - Isometric exercises (continue as previous)
   - Progressive resistive exercises (continue as previous)
3. Grade I/II glenohumeral joint mobilizations - as indicated
   - no posterior glides until 8 weeks post-op
4. Modalities - PRN
5. Ice

4 WEEKS POST-OP
1. Change external rotation brace to regular sling
2. ROM goals
   - forward elevation / flexion to 120º
3. Scar mobility
4. Exercises
   - AROM
     - all planes
     - Upper Body Ergometer forward / reverse
   - Progressive resistive exercises
     - continue as previous, adding:
     - serratus punch
   - BodyBlade
     - one-handed grip in neutral position
     - two-handed grip in front
     - opposite hand diagonal pattern
5. Grade I/II glenohumeral joint mobilization - as indicated
   - no posterior glides until 8 weeks post-op
6. Modalities - PRN
7. Ice
6 WEEKS POST-OP
1. Discontinue sling use
2. ROM goals
   - forward elevation / flexion to 160°
3. Begin internal rotation stretches
   - towel stretch
   - sleeper stretch
4. Exercises
   - AROM
     - all planes
     - Add Upper Body Ergometer standing off to the side clockwise and
clockwise
     - Progressive resistance exercises (continue as previous), adding:
       - internal and external rotation with low resistance
       - wall push-ups, hand in neutral position
5. Grade I/II glenohumeral joint mobilizations - as indicated
   - no posterior glides until 8 weeks post-op
6. Modalities - PRN
7. Ice

8 WEEKS POST-OP
1. ROM goals
   - full ROM with all movements
   - continue gentle passive stretching if not at full ROM
2. Exercises
   - Progressive resistance exercises (continue as previous), adding:
     - low resistance / high repetition:
       - flexion
       - abduction
       - supraspinatus (limit to 70°)
       - scapular retraction
       - prone extension / rows
     - BodyBlade
       - one-handed grip, abduction to 90°
       - two-handed grip, flexion to 90°
     - Plyoball
       - circles, clockwise and counterclockwise, 1 minute each direction
       - squares, clockwise and counter clockwise, 1 minute each direction
3. Grade I/II glenohumeral joint mobilization - as indicated
   - no posterior glides until 8 weeks post-op
4. Modalities - PRN
5. Ice
10 WEEKS POST-OP
1. Full ROM
   - increase intensity of stretching / PROM in not at full ROM
2. Exercises
   - Progressive resistance exercises (continue as previous)
     - progress weight and range of motion as tolerated by patient, with closed-chain exercises, open-chain exercises, and proprioceptive activities
   - Plyoball diagonal patterns
   - Fitter
     - side-to-side
     - front & back
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

12 WEEKS POST-OP
1. Should have full ROM
2. Exercises
   - Progressive resistive exercises (continue as previous)
   - BodyBlade diagonals - progress to single-leg stance
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

16 WEEKS POST-OP
1. Should have full ROM
2. Exercises
   - Progressive resistive exercises
     - continue with exercise program, progressing with weight and endurance as tolerated
     - Begin sport specific activities once full motion, normal strength, and no dyskinesis
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

Return to Sport Criteria
1. ROM WNL
2. Normal strength
3. Satisfactory clinical exam