

# 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 – performed 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 120°
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 counterclockwise
  - 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 dyskinesia**
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