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Modified from the protocol developed at Boston Shoulder Institute by the Massachusetts General Hospital and Brigham & Women's Hospital Shoulder Services.

Arthroscopic Anterior Stabilisation (Bankart repair) Protocol:

The intent of this protocol is to provide the physiotherapist with a guideline of the post-operative rehabilitation course of a patient who has undergone an arthroscopic rotator cuff repair. It is by no means intended to be a substitute for one's clinical decision-making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. If a physiotherapist has a query or concern regarding the progression of a post-operative patient, he or she should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – Immediate Post Surgical Phase (Day 1-21):

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:

- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Active Range of Motion (AROM) of shoulder
- No lifting of objects with operative shoulder
- Keep incisions clean and dry up until Day 14

Weeks 1-3:

- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Sleep with sling supporting operative shoulder

- Shower with arm held at the side in an internally rotated position (hand on belly)
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.

Phase II – Protection Phase/PROM (Weeks 4 and 5):

Goals:

- Gradually restore PROM of shoulder
- Do not overstress healing tissue

Precautions:

- Follow surgeon's specific PROM restrictions - primarily for external rotation
- No shoulder AROM or lifting

Criteria for progression to the next phase:

- Full flexion and internal rotation PROM
- PROM 30 degrees of external rotation at the side

Weeks 4-5

- Continue use of sling until at least end of week 4 (see patient-specific instructions)
- PROM (gentle), unless otherwise noted by surgeon
- Full flexion and elevation in the plane of the scapula
- Full Internal rotation
- External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
- Pendulums
- Sub maximal pain free rotator cuff isometrics in neutral
- Continue cryotherapy as needed
- Continue all precautions and joint protection

Phase III – Intermediate phase/AROM (Week 6 - Week 10):

Goals:

- Continue to gradually increase external rotation
- Full AROM
- Independence with ADL's

Precautions:

- Wean from Sling – often by end of week 4, always by end of week 6 at latest
- No aggressive ROM / stretching
- No lifting with affected arm
- No strengthening activities

Criteria for progression to the next phase:

- Able to begin gentle external rotation stretching in the 90/90 position
- Full ROM restored in all other planes

Weeks 6 - 10

- PROM (gentle), unless otherwise noted by surgeon
 - ER to 30-50 degrees at 20 degrees abduction,
 - ER to 45 degrees at 90 degrees abduction
- Begin AROM of shoulder
 - Progress to full AROM in gravity resisted positions
- Begin implementing more aggressive posterior capsular stretching
 - Cross arm stretch
 - Side lying internal rotation stretch
 - Posterior/inferior gleno-humeral joint mobilization
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Continue cryotherapy as necessary

Phase IV - Strengthening Phase (Week 10 - Week 16)**Goals:**

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM
- Normalize muscular strength, stability and endurance
- Gradually progressed activities with ultimate return to full functional activities

Precautions:

- Strengthening to begin ONLY after approval by surgeon
 - timing of strengthening may vary on an individual case-by-case basis
- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 10-12

- Continue stretching and PROM
 - ER to 65 degrees at 20 degrees abduction
 - ER to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)

Weeks 12-16

- Continue stretching and PROM
 - all planes to tolerance
- Continue strengthening progression program

Phase V – Return to activity phase (Week 16 - Week 24)

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

Precautions:

- Do not begin throwing, or overhead athletic moves until 6 months post-op
- Weight lifting:
 - Avoid wide grip bench press
 - No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 12-16

- Continue progressing stretching and strengthening program
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above

Weeks 16-20

- Can begin golf, tennis (no serving until 6 months.), etc.
- May initiate interval sports program if appropriate

Criteria to return to sports and recreational activities:

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non operative shoulder (tested via hand held dynamometry)