

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.
Move your elbow, fingers and hand several times a day.
3. 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.



4. 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.
5. 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.
6. 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

Days per week: 7 Times per day: 1-3

Times per day: 1

Program:

Pendulum exercises
Supine External Rotation
Hands-behind-head stretch
Standing external rotation stretch

Supine forward flexion:

Limit 140° week 6

Theraband internal and external rotation:
(internal rotation to neutral only)
Standing forward flexion to 90° (scaption)
Prone row
Prone extension
Biceps curl
Sidelying external rotation

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.



<u>Post-op phase</u>	<u>Slings</u>	<u>Range of Motion</u>	<u>Therapeutic exercises</u>		<u>Precautions</u>
<p>Phase 1 0 to 4 weeks after surgery <u>Goals:</u> *Allow healing of repaired capsule.</p> <p>*Initiate early protected and restricted range of motion.</p> <p>*Minimize muscular atrophy.</p> <p>*Decrease pain/inflammation.</p> <p>5 to 6 weeks after surgery <u>Goals:</u> *Gradual increase in ROM</p> <p>*Improve strength</p> <p>*Decrease pain/inflammation</p>	<p>Per MD instructions. Per MD instructions.</p>	<p>*Flexion to 120 degrees as tolerated *ER @ 0° to tolerance, *ER @ 90° to tolerance *No IR behind back, *No IR @ 90°, *No horizontal adduction</p> <p>At 5-6 weeks: IR in plane of scapula: 30°</p> <p>*Flexion to 120° as tolerated</p>	<p>No stretching 0-4 weeks</p> <p>*Pendulum exercises</p> <p>*Supine forward flexion with wand</p> <p>*Supine ER at neutral</p> <p>*Scapular retraction with ER</p> <p>At 5-6 weeks: Standing ERN stretch</p>	<p>*Isometrics: ER, IR, FLX, EXT, ABD</p> <p>*Rhythmic stabilization for IR/ER, FLX/EXT</p> <p>*Proprioception drills</p> <p>*Ball squeeze</p> <p>*Elbow and forearm exercises</p> <p>At 5-6 weeks: *Side lying ER *Prone row *Prone extension * Standing forward flexion to 90° *Biceps curl</p> <p><u>*Theraband exercises</u> ER, IR (limit IR to neutral)</p>	<p>No internal rotation</p> <p>No horizontal adduction</p> <p>No closed chain positions</p> <p>No activities above head.</p>
<p>Phase 2 7 to 12 weeks after surgery</p> <p><u>Goals:</u> *Gradually restore range of motion *Increase strength *Improve neuromuscular control *Enhance proprioception and kinesthesia</p>	D/C	<p>*ER at 90° abduction to tolerance (should be 85-90° by week 8)</p> <p>*Shoulder flexion to tolerance (165 ° by week 8)</p> <p>*IR in plane of scapula: 60</p> <p>*IR at 90° abduction to 30-45° week 10 Progress cautiously and gradually to 60-65° by week 12</p> <p>*ER @ 90° progress to 90° (110-115° for throwers)</p>	<p>*Gradually improve ROM all planes</p> <p>*Rope and pulley:</p> <p>*Elevation in scapular plane</p> <p>*Wall slide</p> <p>*IR behind back to beltline only</p> <p>*Horizontal adduction reach only</p> <p>*Hands behind-the-head stretch</p> <p>*ER @ 90° abduction stretch</p>	<p><u>Theraband exercises:</u> Continue phase1 Add Shrug, Dynamic hug, 'W's. Biceps curl Row Forward punch (serratus punch)</p> <p><u>Dynamic exercises:</u> PRE 1-3 lb as tolerated Continue phase1 Add: *Side-lying scaption *Prone 'T's *Standing scaption *Isotonic biceps curl *Prone 'Y's</p> <p>*Rhythmic stabilization</p> <p>*Proprioception drills</p> <p>*Scapulohumeral Rhythm exercises</p>	<p>Gradual ROM for IR behind back, IR at 90° abduction and horizontal adduction</p> <p>No push-ups or pushing movements</p>



<u>Post-op Phase</u>	<u>Therapeutic Exercises</u>		<u>Return to Sports</u>	<u>Precautions</u>
<p>Phase 2 continued</p>	<p>*Transition IR gradually from plane of scapula to coronal plane</p> <p>*Progress IR to 60-65 degrees at 90 degrees abduction by week 12</p>	<p>Theraband: add 'T's, diagonal up and down, External rotation at 90°, Internal rotation at 90°</p> <p><u>Dynamic:</u> *Continue previous *Initiate push-ups into wall at week 12 (then push-up progression per MD) *Emphasize muscle strength of ER, scapular region</p>	Not yet	Continue to avoid excessive or forceful horizontal adduction and internal rotation
<p>Phase 3 13-20 weeks after surgery</p> <p><u>Goals:</u> * Progress to full ROM *Improve: strength/power/endurance *Improve neuromuscular control *Improve dynamic stability *Improve scapular muscular strength</p>	<p>*Progress to full ROM *Side lying IR @ 90° limit 60 to 65° at week 12 and full by week 20. *Horizontal adduction stretch *IR behind back full</p>	<p>*Continue theraband and dynamic exercises from phase 1 and 2 *Weight training can begin. *Machine resistance (limited ROM): *Front pull downs *Seated row *Seated bench press at week 16 *May progress CKC program: Ball on wall Pushup on unstable surface at 20 weeks</p>	Gradual return to recreational activities	See weight training precautions.
<p>Phase 4 21-28 weeks after surgery onward</p> <p><u>Goals:</u> Progressively increase activities to prepare patient for unrestricted functional return</p>	Full ROM	<p>Plyometric exercises: *Rebounder throws arm at side *Wall dribbles overhead *Rebounder throws with weighted ball, *Decelerations, wall dribbles at 90° *Wall dribble circles</p>	<p>Interval sports programs can begin between 28-32 weeks.</p> <p>Strength athletes can gradually resume regular training</p>	<p>Weight training precautions.</p> <p>Shoulder brace sometimes for collision sports.</p>