



ANTERIOR SHOULDER RECONSTRUCTION WITH BANKART REPAIR



Orthopedics

Life-long Precautions: No weighted hyperextension or hyperabduction (i.e. bench press beyond neutral or deep push ups)

PRECAUTIONS

- Sling immobilization required for soft tissue healing for 6 weeks. Remove sling during the 6th week in safe environment.
- 0-2 weeks, wrist and elbow ROM only.
- Hypersensitivity in axillary nerve distribution is a common occurrence
- No external rotation with abduction for 6 weeks to protect repaired tissues.

PHASE 1 Therapy

- Begin week 3, gentle shoulder isometrics for IR/ER, flex/ext, and abd/add.
- PROM/AAROM-at 2 weeks PROM/AAROM flex to 90 deg, ER to neutral
- At 4 weeks, PROM/AAROM flex to 120 deg, and to 90 deg, ER to neutral.
- Hand gripping
- Elbow, forearm, and wrist AROM
- Desensitization techniques for axillary nerve distribution
- Postural exercises
- Walking, stationary bike-sling on. Avoid running and jumping due to the distractive forces that can occur. No Treadmill.

PHASE 2-6 WEEKS POST OP

Precautions

- Avoid passive and forceful movements into external rotation, extension and horizontal abduction

Therapy

- AA/AROM in all cardinal planes-assessing scapular rhythm.
- Gentle shoulder mobilizations as needed.
- Rotator cuff strengthening in non-provocative positions (0-45 degrees abduction)

- Scapular strengthening and dynamic neuromuscular control.
- Cervical spine and scapular ROM.
- Postural exercises
- Core strengthening
- Walking, stationary bike, stair master. No swimming or treadmill.
(Avoid running and jumping until athlete has full rotator cuff strength in a neutral position)

PHASE 3, 10-11 WEEKS POST OP

Precautions

- All exercises and activities to remain non-provocative .
- Avoid activities where there is higher risk for falling.
- No swimming, throwing or sports.

Therapy

- Posterior glides if posterior capsule tightness is present. More aggressive ROM if limitations are still present.
- Flexion in prone, abd in prone, full can ex, D1 and D1 diagonals standing.
- TB/cable column/dumbbell (light resistance/high rep) IR/ER in 90 degrees abduction and rowing.
- Balance board in push-up position (with RS), prone Swiss ball walk outs, rapid alternating movements in supine D2 diagonal. CKC stabilization with narrow base of support.

Walking, biking, stair master and running (if they have met PII criteria)
NO SWIMMING

PHASE 4 (when goals are met from phase 3) approx 15 weeks

Precautions

- Progress gradually into provocative exercises by beginning with low velocity, known movement patterns.

Therapy

- Posterior glides if posterior capsule tightness is present.
- Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90 degrees abduction. Begin working towards more functional activities by emphasizing corned hip strength and control with shoulder exercises.
- TB/cable column/dumbbell IR/ER in 90 degrees abduction and rowing.
- Higher velocity strengthening and control, such as the inertial, plyometrics, rapid theraband drills.

- Plyometrics should start with 2 hands below shoulder ht and progress to overhead then back to below shoulder with on hand, progressing again to overhead.

Patient may progress to Phase 5 if they have met the above stated goals and have no apprehension or impingement signs.

PHASE 5 (when goals are meant from phase 4) approx 20 weeks

Precautions

Progress gradually into sport specific movement patterns.

Therapy

- Posterior Glides if posterior capsule tightness is present.
- Strength and Stabilization, Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90 degrees abduction and higher velocities. Begin working towards more sport specific activities.
- Initiate throwing program, overhead racquet program or return to swimming program depending on the athletes sport.
- High velocity strengthening and dynamic control, such as inertial, plyometrics, rapid theraband drills.