

INSTABILITY (BANKART): ARTHROSCOPIC
PHYSICAL THERAPY PROTOCOL

General Guidelines

- Maintain surgical motion early, but don't push it
- Strengthen the surrounding musculature
- Alternate between pool and land therapy
- Minimize heavy or excessive cyclic loads for the first 4-6 months
- Gradually progress

Outpatient Rehabilitation

Phase I Protective Phase (0-3 weeks post op)

- SLING
 - Wear for 6 weeks except when:
 - Performing exercises
 - Eating
 - Using computer or reading
 - Dressing
 - Showering
 - Most may shower immediately
 - Wear at night!!!
- Passive range of motion (Protected - PROM)
 - Forward Flexion to 90 degrees
 - Abduction to 90 degrees

Check with physician for rotation limitations

- Pendulums and Codman's exercises
- Towel Slides or equivalent
- Pool for PROM
- Periscapular mobility
- General conditioning (stationary bicycle, treadmill, etc.)
- Maintain hand strength
- Maintain normal motion at the wrist and elbow



Phase II Range of Motion (3-6 weeks)

- Gradually increase passive range of motion (PROM) to 60-80% of full motion of flexion and extension
 - This DOES NOT include abduction or ER/IR
- Begin Active Assistive range of motion (AAROM) exercises
- Continue with pool therapy to improve ROM
- Begin gentle rotator cuff isometric strengthening (ER at neutral)
- Periscapular and core strengthening

Phase III Early Strengthening (6-12 weeks)

- Progress to near full ROM, except abduction and external rotation
 - Abduction and external rotation near full ROM
 - NO FORCED ABDUCTION or EXTERNAL ROTATION
- Maximal rotator cuff isometrics
- Progressive rotator cuff strengthening within pain-free zone
- Periscapular and core strengthening within pain-free zone
- Begin AROM exercises
- Joint mobilizations

Phase IV Strengthening and Stretching (12 weeks)

- Progress slowly with static stretches to regain full ROM in all planes
- Progress strengthening exercises
- Progress to machine weights
- Slowly progress to sports specific training

