

Bankart Capsulolabral Repair

Patient _____

Date _____

Involved side ☐ L ☐ R

Post-Operative Rehabilitation Guidelines

Due to the variability in patient presentations and histories regarding instability at the glenohumeral joint, research has suggested that careful selection of patient type can play a crucial role in deciding the most appropriate surgical procedure. Likewise, patient selection should be strongly considered when making rehabilitation decisions.

Patient body type, history of injury and surgery, and the patient's specific goals can influence variations to a standard protocol. We have developed a protocol with options that allow an accelerated rehab. This is consistent with published literature. We support good communication with the surgeon to determine his/her general philosophical approaches and to determine specific surgical details. Each patient may change between standard and accelerated options at any time based on observed changes in his/her condition.

Standard

- Acquired laxity / multiple traumas (AMBRI)±
- General joint laxity (thumb hyper-abduction, recurvatum, etc.)*
- Multiple medical problems
- Younger patient (teens)
- Females generally more hypermobile
- Poor repair tissue integrity per op notes
- Slow healers: DM, Smokers
- Questionable compliance
- Indicators of "poor" outcomes#

Accelerated

- Single, Traumatic event (TUBS)+
- Middle-aged
- Males generally less hypermobile than females
- Good repair tissue integrity and/or quality per op note
- Goals to return to sedentary / non-stressful jobs or activities

* Beighton 9-point scale ± AMBRI — atraumatic multidirectional bilateral instability responding to rehabilitation; rare inferior capsular shift + TUBS — traumatic unidirectional Bankart lesion responding well to surgery # Pre-injury contact sports, Type 2 or 3 Bankart lesions, thin GH ligament, <6 sutures

ATHLETES

Athletes can fall under either category or a combination of both. Some throwing/overhead athletes may benefit from early accelerated rehab to ensure a return to full motion and early strengthening/muscle education.

Research, however, does not support early return to full activities for overhead or contact athletes.

Phase I: Protection (0–4 weeks post-op)

- Protect repair
- Allow progression of healing
- Diminish pain and inflammation and prevent muscular inhibition
- Return to daily activities and sedentary work

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Standard

- 0–4 weeks
- Sling: all ADL's except personal care and rehabilitation.
- AA†/AROM: 0° ER* for 2 weeks, then 20–30°. Full IR*. 90° Flex. 45° Abd. 0° Ext.
- Functional: Walking, stationary bike, stair climber (no UE weight bearing).
- 2–4 weeks Strengthening: Rhythmic stabilization. Isometrics.

Accelerated — allow increased motion and strength

- 0–2 weeks
- Sling: Can remove 3–4 times/day for ADL's as tolerated and rehab.
- AA†/AROM: 0° ER* for 1 week, then 20–30°. Full IR*. 90° Flex. 45° Abd. 0° Ext.
- Functional: Walking, stationary bike, stair climber (no UE weight bearing).
- 2–4 weeks Sling: Discontinue as tolerated.
- AA/AROM: Progress to full ROM in all directions*.
- Strengthening: Rhythmic stabilization. Isometric, Concentric, or Eccentric resistance.

† Active-Assisted * in scapular plane

General considerations / precautions

- Use sling as directed by physician or physical therapist
- No lifting objects
- No reaching behind back
- No sudden/quick movements
- No bearing body weight through the hands
- Keep incision dry and clean

Therapeutic activities

- ROM: Avoid (or use caution with) passive/manual stretching to ensure safety of repaired tissue
- Assess scapulohumeral motion vs. total motion
- Scapular AROM (avoid humeral extension with retraction)
- Maintain/regain full motion at elbow, wrist and hand
- Grip strengthening as needed
- Posture education
- Proprioception including light, supervised closed-chain activities
- Neuromuscular Education/Strengthening: Isometrics at neutral abduction in all directions (except IR if open procedure due to subscapularis resection)
- Low-grade joint mobilizations for pain control
- Modalities as appropriate

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Phase II: Early Strengthening and Range of Motion (4–12 weeks)

Goals

- Normalize AROM and arthrokinematics (scapulohumeral rhythm)
- Restore dynamic shoulder stability
- Begin strengthening and progress proprioception/neuromuscular control
- Pain-free ADLs

Standard — full ROM by 10–12 weeks

- Slightly slower progression for open repairs.
- 4–9 weeks ROM: Increase ER‡ to 45–60°. Gradually increase all others to full. Light passive stretching as needed at 6 weeks.
- 4–9 weeks Strength: Begin IR isometrics for open repairs at 4–6 weeks.
- 9–12 weeks ROM: ER to 80–90° (at 90° abduction).
- 9–12 weeks Strength: Progress IR isotonic. High speed isokinetics after 10 wks ($\geq 360^\circ/\text{s}$). Scapular strengthening. Manual resistance PNF.
- Functional#: Jogging at 6–8 weeks. Swinging and road cycling at 10–12 weeks.

Accelerated — full motion by 8–10 weeks

- 4–12 weeks ROM — no restrictions. Light passive stretching as needed at 6 weeks.
- Strength: High speed isokinetics 8–10 wks ($\geq 360^\circ/\text{s}$). Scapular strengthening. Manual resistance PNF.
- Functional#: Initiate jogging at 4–6 weeks. Initiate swinging and road cycling at 6–10 weeks.

‡ Progress abduction with ER as shoulder abduction increases. Limit combined ER/Abd to $\leq 45^\circ$ Abd for open repairs to protect subscapularis. # Approximate time frames; may differ for many patients.

Therapeutic activities

- Core/trunk strengthening
- Increase intensity of proprioception (perturbation and closed-chain exercises)
- Joint mobilization and passive stretching if ROM is not progressing

Sport training — Phase II

Generally, NO OVERHEAD activities are performed. All activities MUST BE PAIN FREE. Begin each exercise at a sub-maximal level and progress the intensity slowly as tolerated.

- Basketball — Dribbling, chest and bounce passes, shooting <10 feet away from basket
- Football — Catching, running, position-specific drills
- Volleyball — Passing, setting (supine before standing)
- Racquet sports — Forehand and backhand swings (begin without holding equipment)
- Hockey/Golf — Partial swings (begin without holding equipment)

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Phase III: Advanced Strengthening (12–20 weeks)

(Standard or Accelerated)

Criteria to enter Phase III

- Near full ROM
- Minimal scapulohumeral compensation
- NO PAIN
- No positive apprehension test or sulcus sign
- Strength approximately 75–80% of contralateral

Goals

- Enhance muscular strength, power and endurance
- Progress functional skill and sport-specific endurance
- Maintain joint mobility
- Return to manual/heavy labor
- Return to non-contact/non-overhead athletics

12–16 weeks

- ROM: Non-athletes to $\geq 80^\circ$ ER; Athletes to $\geq 90^\circ$ ER
- Progress into low speed isokinetics (180–240°/s)
- Plyometrics beginning with bilateral activities
- High-level Core/trunk stabilization
- Progression of controlled overhead resistance and proprioception

16–20 weeks

- Return to Non-contact/Non-overhead athletics (i.e. bowling, running/sprinting, golf)
- Begin Interval Throwing progression
- Begin Return to heavy labor

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Phase IV: Return to Full Activity (6–9 months)

Criteria to enter Phase IV

- NO PAIN
- No positive apprehension or sulcus sign
- Strength $\geq$ 90% of contralateral side
- Minimal scapulohumeral compensation

Goals

- Return to all sport activity as indicated by functional testing
- Patient progressed to home exercises and team sport training

Therapeutic activities

- Advanced plyometrics, proprioception, eccentric, functional speed training

Sport training — progress to contact and overhead activities

- Basketball — Overhead and “baseball” pass, position-specific shooting, advanced ball handling, rebounding
- Football — Overhead catching, throwing, blocking drills, defensive hand drills, quadruped drills, form tackling
- Volleyball — Overhead serves, hitting, tipping, blocking
- Racquet sports — Overhead shots
- Hockey/Golf — Full swings
- Soccer — Progressive goalie training (layouts!)
- Gymnastics/Cheering — Tumbling, lifting, catching

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Suggested exercise start windows (from original week grid)

Phase 1 precautions

- Avoid ER in abduction. Caution to avoid excessive shoulder extension.
- ROM targets: Flexion 90–100°; ER/IR with arm in scapular plane at ~40° abduction; ER/IR/Abduction to 45°.

Phase 1 (0–2 weeks)

Pendulum Exercises	Weeks 1–5
Active Assisted Supine Forward Flexion as Tolerated	Weeks 1–5
Pulleys Flexion	Weeks 1–5
Scapular Retraction	Weeks 1–13
Isometric Exercises at 0° Abduction	Weeks 1–5
Ball Squeezes	Weeks 1–5

Phase 2 (2–5 weeks)

Limit ER to 30°; AA forward flexion to 140°; passive abduction to 90°; ER in scapular plane to 30°; IR in scapular plane to 60°.

External Rotation to 30° passive	Weeks 3–7
Prone Row	Weeks 3–7
Prone Extension to Hip	Weeks 3–9
Sidelying External Rotation to Neutral / 0°	Weeks 3–5

Phase 3 (5–8 weeks)

Flexion 145–160°; ER at 45° scaption (start 30°, add 10°/week); IR at 45°; abduction progress to 90° passively within functional limits.

External Rotation	Weeks 5–23
Supine Flexion as Tolerated	Weeks 5–9
Horizontal Adduction to Neutral	Weeks 5–13
AA progressing to Active Forward Flexion with scapulohumeral rhythm	Weeks 5–9
Sidelying External Rotation / Abd to 90°	Weeks 5–13 / 5–9
Prone Row / Prone Extension	Weeks 5–13 / 5–9
Internal Rotation Behind / Standing Scaption	Weeks 5–9 / 5–13
Theraband Internal/External Rotation	Weeks 5–23
Proprioception Drills	Weeks 5–11

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Phase 4 (8–12 weeks)

Flexion to 160°; initiate ER/IR at 90° abduction. Week 7: ER at 90°. Weeks 8–9: ER to 80° at 90° abduction; IR at 90° abduction 70°. Weeks 10–14: Progress ROM to full.

External Rotation in Scapular Plane	Weeks 9–13
Wall Slide	Weeks 9–13
Internal Rotation Behind Back (stretching)	Weeks 7–15
Horizontal Adduction	Weeks 9–15
Hands Behind Head (starts 9th week post-op)	Weeks 9–15
Resisted Forward Flexion	Weeks 9–25
Punches Resisted	Weeks 9–25
Shrugs Resisted	Weeks 9–25
Biceps Curls Resisted	Weeks 9–25
Seated Row Resisted	Weeks 9–25
Prone Y / Lower Trap	Weeks 9–25

Phase 5 (12–24 weeks) · Gradually stretch to full ROM; ER @ 90 stretch

Rhythmic Stabilization — Advanced	Weeks 13–23
Proprioception Drills — Advanced	Weeks 13–23
External Rotation @ 90° Passive Stretch	Weeks 13–23
Gradually Stretch to Full ROM; Push-up Progression	Weeks 13–23

Phase 6 (24 weeks on)

Progress Interval Sport Programs	Weeks 23–31
Full Return to Sports (generally)	Weeks 23–31

HOW TO READ THIS TIMELINE

Windows are taken from the original week-by-week grid (odd-numbered weeks 1–33).

A marked week means the exercise is appropriate in that window; progress only if criteria in Phases I–IV are met.

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References

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