

Rehabilitation Protocol: Arthroscopic Anterior Shoulder Stabilization (Bankart Repair)



Hospital for Joint Diseases
NYU LANGONE MEDICAL CENTER

Craig M. Capeci, MD
Orthopaedic Surgery & Sports Medicine
Clinical Assistant Professor

__1095 Park Ave, NY 212-427-7750
__1056 5th Ave, NY 212-348-3636
__263 7th Ave, Bklyn 718-246-8700

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- Sling immobilization at all times except for showering and rehab under guidance of PT
- Range of Motion – PROM → AAROM → AROM as tolerated
 - Restrict motion to 90° of Forward Flexion, 45° of Abduction, 30° of External Rotation and Internal Rotation to stomach
- Therapeutic Exercise
 - Elbow/Wrist/Hand Range of Motion
 - Grip Strengthening
 - Isometric Abduction, Internal/External Rotation exercises with elbow at side
- Heat/Ice before and after PT sessions

Phase II (Weeks 4-6)

- Discontinue sling immobilization
- Range of Motion – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
- Therapeutic Exercise
 - Advance isometrics from Phase I to use of a theraband within AROM limitations
 - Continue with Elbow/Wrist/Hand Range of Motion and Grip Strengthening
 - Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula)
 - Gentle joint mobilization
- Modalities per PT discretion

Phase III (Weeks 6-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise – Advance theraband exercises to light weights (1-5 lbs)
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - Continue and progress with Phase II exercises
 - Begin UE ergometer
- Modalities per PT discretion

Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance exercises in Phase III (strengthening 3x per week)
 - Sport/Work specific rehabilitation
 - Return to throwing at 4.5 months
 - Return to sports at 6 months if approved
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____