Posterior Bankart Repair Protocol

The Posterior Bankart procedure is performed to increase posterior stability of the shoulder. The following is a guideline for progression of post-operative treatment.

**General Information**
- Time required for full recovery is 4-6 months.
- There may be a loss of internal rotation when compared to the other side, but the motion is usually adequate for most activities.
- Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems.

**Immobilization**
- External rotation brace with large pillow is worn for 4 weeks. When this brace is removed the hand should be in a hitchhike position (elbow extended, palm facing front, thumb pointed away from the body). **The hand should not cross in front of the body.** The sling may be removed after the block has worn off when the patient is in controlled environments (watching TV, working at a desk) as long as the hand is kept out and away from the front of the body.
- After 4 weeks the patient may use a regular sling and the hand can come in front of the body. The patient should **not** reach behind his/her back.
- After 6 weeks no sling is required.

**Personal Hygiene / Showering**
- Avoid getting incision/portal sites wet for 48 hours.
- Ok to begin **showering** 48 hours after surgery (if no wound related issues).
- Avoid baths, hot tubs, and swimming until incision/portal sites have healed.
- DO NOT remove steristrips.
**1st POST-OP VISIT / 0 WEEKS POST-OP**

1. **Wound Inspection**
2. **Patient Education**
   - Icing 3 times/day for 20 minutes each
3. **Exercises**
   - Pendulum without weight – performed with elbow extended and the arm externally rotated, forearm supinated (in the hitch-hike position)
     - clockwise
     - counterclockwise
     - side-to-side
     - front & back
   - AAROM exercises to patient tolerance – Cane/Pulleys
     - flexion
     - abduction
     - external rotation
     - **NO internal rotation**
   - AROM exercises
     - elbow flexion/extension
     - wrist flexion/extension and pronation/supination
     - scapular retraction/shrugs (seated or standing in sling)
4. **Modalities - PRN**
5. **Ice**

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**1 WEEK POST-OP**

1. **Wound inspection**
2. **Exercises**
   - AAROM exercises to patient tolerance – Cane/Pulley
   - Pendulum (continue as previous)
   - Isometric exercises
     - flexion/extension
     - abduction
     - external rotation
   - Progression resistive exercises to tolerance
     - bicep curls
     - triceps/shoulder extensions
     - wrist flexion/extension
     - wrist pronation/supination
     - gripping exercises
     - shoulder shrugs/scapular retraction (seated/standing in sling)
3. **Grade I/II glenohumeral joint mobilization - as indicated**
   - **no posterior glides until 8 weeks post-op**
4. **Modalities - PRN**
5. **Ice**
2 WEEKS POST-OP
1. Wound inspection, remove sutures (if not already performed by surgeon)
2. Exercises
   - AROM exercises to tolerance
     - begin Upper Body Ergometer forward / reverse
     - Cane / Pulleys – progress to finger ladder / wall climbs
   - Pendulum exercises with light weight
   - Isometric exercises (continue as previous)
   - Progressive resistive exercises (continue as previous)
3. Grade I/II glenohumeral joint mobilizations - as indicated
   - no posterior glides until 8 weeks post-op
4. Modalities - PRN
5. Ice

4 WEEKS POST-OP
1. Change external rotation brace to regular sling
2. ROM goals
   - forward elevation / flexion to 120º
3. Scar mobility
4. Exercises
   - AROM
     - all planes
     - Upper Body Ergometer forward / reverse
     - Progressive resistive exercises
       - continue as previous, adding:
         - serratus punch
     - BodyBlade
       - one-handed grip in neutral position
       - two-handed grip in front
       - opposite hand diagonal pattern
5. Grade I/II glenohumeral joint mobilization - as indicated
   - no posterior glides until 8 weeks post-op
6. Modalities - PRN
7. Ice
6 WEEKS POST-OP
1. Discontinue sling use
2. ROM goals
   - forward elevation / flexion to 160°
3. Begin internal rotation stretches
   - towel stretch
   - sleeper stretch
4. Exercises
   - AROM
     - all planes
     - Add Upper Body Ergometer standing off to the side clockwise and counterclockwise
     - Progressive resistance exercises (continue as previous), adding:
       - internal and external rotation with low resistance
       - wall push-ups, hand in neutral position
5. Grade I/II glenohumeral joint mobilizations - as indicated
   - no posterior glides until 8 weeks post-op
6. Modalities - PRN
7. Ice

8 WEEKS POST-OP
1. ROM goals
   - full ROM with all movements
   - continue gentle passive stretching if not at full ROM
2. Exercises
   - Progressive resistance exercises (continue as previous), adding:
     - low resistance / high repitition:
       - flexion
       - abduction
       - supraspinatus (limit to 70°)
       - scapular retraction
       - prone extension / rows
     - BodyBlade
       - one-handed grip, abduction to 90°
       - two-handed grip, flexion to 90°
     - Plyoball
       - circles, clockwise and counterclockwise, 1 minute each direction
       - squares, clockwise and counter clockwise, 1 minute each direction
3. Grade I/II glenohumeral joint mobilization - as indicated
   - no posterior glides until 8 weeks post-op
4. Modalities - PRN
5. Ice
10 WEEKS POST-OP
1. Full ROM
   - increase intensity of stretching / PROM in not at full ROM
2. Exercises
   - Progressive resistance exercises (continue as previous)
   - progress weight and range of motion as tolerated by patient, with closed-chain
     exercises, open-chain exercises, and proprioceptive activities
   - Plyoball diagonal patterns
   - Fitter
     - side-to-side
     - front & back
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

12 WEEKS POST-OP
1. Should have full ROM
2. Exercises
   - Progressive resistive exercises (continue as previous)
   - BodyBlade diagonals - progress to single-leg stance
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

16 WEEKS POST-OP
1. Should have full ROM
2. Exercises
   - Progressive resistive exercises
     - continue with exercise program, progressing with weight and endurance as
       tolerated
     - Begin sport specific activities once full motion, normal strength, and no dyskinesis
3. Grade glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

Return to Sport Criteria
1. ROM WNL
2. Normal strength
3. Satisfactory clinical exam