Rehabilitation Protocol
Arthroscopic Anterior Capsulolabral Repair of the Shoulder - Bankart Repair Rehabilitation Guidelines

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Overview

The shoulder labrum is a fibrocartilaginous rim attached to the margin of the glenoid cavity. It deepens the cavity by approximately 50%. A Bankart lesion is an avulsion of the anteroinferior glenohumeral ligament-labrum complex caused by an anterior dislocation. The vast majority of glenohumeral dislocations are anterior with the humerus in an externally rotated and abducted position. As the humeral head dislocates it may also avulse a piece of bone from the anterior glenoid resulting in a bony Bankart lesion. During dislocation the posterior humeral head may contact the anterior glenoid rim leaving a Hill Sachs deformity on the posterior humeral head.

A Bankart tear creates anterior instability and often results in recurrent dislocations.

During arthroscopic anterior capsulolabral repair the avulsed anteroinferior glenohumeral ligament-labrum complex is reattached to the glenoid rim in order to restore shoulder stability. Capsular plication, or tightening of the anterior capsule, may also be performed. During rehabilitation a balance between protecting the tightened anterior structures and restoration of range of motion must be maintained.
Phase I Protective Phase  
0–6 Weeks  

Goals  
- Educate patient re: avoid stress on repaired tissue  
- Protect anatomic repair  
- Allow healing of repaired tissue  
- Minimize muscular atrophy  
- Decrease pain/inflammation  
- Promote dynamic stability  
- Enhance scapular function, normalize scapular position, mobility, and dynamic stability  

Precautions  
- Sling at all times, remove only for shower and Elbow, wrist and hand ROM as instructed  
- Sleep in sling  
- Keep elbow at side at all times when out of sling  
- No active or passive range of motion of shoulder for 2 weeks  
- Wean from sling at 4 weeks  

Weeks 0–2  
- **Absolute immobilization** of GH joint for 2 weeks  
- Cryotherapy  
- Arm in sling at all times except for shower or AROM Elbow, Wrist and Hand  
- Elbow at side when arm out of sling  

Weeks 3–6  
- Continue cryotherapy  
- PROM/AAROM:  
  - Flexion and Scaption: 90° - 100°  
  - Abd: as tolerated  
  - Rotation:  
    - ER in neutral 0°  
    - ER in Scapular plane: 30°,  
    - IR in neutral to tol  
    - IR in Scapular plane as tol  
  - Gentle IR behind back at **5 – 8 weeks**  
- D/C sling at 4 weeks unless advised by surgeon  

Therapeutic Exercise  
Active:  
  - C-spine, elbow, wrist and hand  
  - Pendulums  
  - Scapular retraction  
  - Scapular clocks (elevation, depression, protraction, retraction)  
  - Ball squeezes  
  - Scapular Rhythmic stabilization (RS)  
  - Sub-maximal isometric exercise at 0° abduction:  
    - Flexion, Abduction, IR, ER  
  - AAROM Overhead pulley/Wand within guidelines  
  - AAROM Gentle Extension with dowel in standing  
  - Walking, stationary bike wearing sling
Phase II – Intermediate Phase
Weeks 6 – 12

Goals
- Gradual increase in ROM to WNL
- Decrease pain/inflammation
- Promote dynamic stability
- Progress strength and endurance
- Progress functional activities
- Address C-spine and T-spine joint mobility to facilitate full UE ROM

Precautions
- Progress ROM as tol
- Pain free exercise
- NO pushups
- NO heavy lifting or plyometrics during this stage
- NO abduction in scapular plane with IR (Empty Can) due to likelihood of impingement
- NO excessive load in horizontal abduction or combined abduction and ER (NO pushups, bench press or pectoralis flys)

Manual
- C-spine and T-spine joint mobilizations
- G/H joint mobilizations only to progress ROM as indicated
- Stretch posterior capsule as needed
- Stretch pectoralis minor as needed

PROM → AAROM as needed to achieve indicated goals
- Shoulder flexion as tolerated (initiate in supine)
- Abduction as tolerated (initiate AROM in sidelying)
- Rotation:
  - ER in neutral as tol
  - ER in Scapular plane: 35° to 50°
  - ER at 90° abduction: 45°
  - IR in neutral to tol
  - IR in Scapular plane as tol
  - Gentle IR behind back at 5 – 8 weeks

Therapeutic Exercise
- Progress AAROM → AROM
- Prone rows, extension, “T”s
- Active-assisted progressing to active forward flexion and scaption to 115° with scapulohumeral rhythm
- Strengthen rotator cuff
- Closed chain: ball roll, quadripped but NO pushups
- Biceps and Triceps strengthening with elbow at side
Phase III
12 – 24 weeks

**Goals**
- Normalize strength, endurance, neuromuscular control and power
- Gradual buildup of stress to anterior capsule
- Gradual return to full ADLs, Work and Recreational Activities

**Precautions**
- Avoid abrupt jerking stress on shoulder
- Do not progress advanced rehabilitation exercises (plyometrics or stress to end ROM) unless necessary for work or recreation
- Avoid exercises that place excessive stress on anterior capsule: Dips, exercises behind head (always see your elbows)

- Gradually progress to Full ROM
- Joint Mobilizations as necessary

**Therapeutic Exercise**
- Progress to resisted ER at 90° abd (90°/90°)
- DO NOT overstress anterior capsule with excessive ER at 90°
- Continue shoulder strengthening
- Progress rehabilitation activities to address work/recreational demands
- Light weights/ High reps
- Progress plyometrics if necessary for work/recreational demands

**Interval sports programs can begin per MD**

AAROM = active-assisted range of motion, ADL = activity of daily living, AROM = active range of motion, PROM = passive range of motion, ER = external rotation, IR = internal rotation, ROM= Range of Motion G/H = glenohumeral
Rehabilitation Protocol for Arthroscopic Anterior Capsulolabral Repair of the Shoulder - Bankart Repair

Rehabilitation Guidelines: Summary Table

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<th>Range of Motion</th>
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- Gradually progress to Full ROM

Joint mobilizations as needed to progress ROM

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