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ARTHROSCOPIC ANTERIOR GLENOHUMERAL STABILIZATION (MODIFIED BANKART RECONSTRUCTION)

Phase 1: Immediate postoperative phase: Restrictive motion

Goals

- Protect the surgical repair
- Minimize the negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

Weeks 0-2

- ***Sling for comfort/protection during day for 6 wks***
- No active external rotation, extension, or abduction
- Sling at night
- Elbow/hand ROM
- Hand gripping exercises
- Supine passive and gentle active-assisted ROM
 - FE to 60°
 - Abduction scapular plane to 50°
 - External and internal rotation with arm in 20° abduction
 - ER to 10°
 - IR to 30°
- Submaximal isometrics for shoulder musculature
- Cryotherapy, modalities as indicated

Weeks 3-4

- ***Sling for comfort/protection during day.***
- Must wear sling for sleep.
- Continue other above.
- Gradually progress supine passive ROM and upright AAROM. Begin exercise regimen supine and progress to upright position within patient tolerance.
 - 60 → 90° FE
 - 50 → 75° Abduction scapular plane
 - In 20° abduction:
 - ER to 15-20°
 - IR to 40-50°

- Note: Rate of progression based on evaluation of the patient
- No active external rotation, extension, or elevation
- Continue isometrics and rhythmic stabilization (submaximal)
- Continue use of cryotherapy prn

Weeks 5-6

- ***Sling for comfort/protection during day.***
- Must wear sling for sleep.
- Continue supine PROM and upright AAROM to following limits:
 - 140 → 160° FE
 - 30 → 50° ER arm at side
 - 50 → 70° Abduction scapular plane
- Continue rhythmic stabilization
- Continue isotonic strengthening with exception of subscapularis
- Continue dynamic stabilization exercises.

Phase II: Intermediate phase: Moderate protection

Goals

- Re-establish full ROM.
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance

Weeks 7-9

- Gradually progress ROM
 - Flexion to 160°
 - External rotation at 90° abduction: 70-75°
 - Internal rotation at 90° abduction: 70-75°
- Continue to progress isotonic strengthening program
- Continue PNF strengthening

Weeks 10-14

- May initiate slightly more aggressive strengthening
- Progress isotonic strengthening exercises
- Continue all stretching exercises
- Progress ROM to functional demands (i.e., overhead athlete)

Phase III: Minimal protection

Criteria for progression to phase III

- Full nonpainful ROM
- Satisfactory stability
- Good muscular strength
- No pain or tenderness

Goals

- Establish and maintain full ROM
- Improve muscular strength, power, and endurance
- Gradually initiate functional activities

Weeks 15-18

- Continue all stretching exercises (capsular stretches)
- Continue strengthening exercises
 - Thrower's ten program or fundamental exercise
 - PNF manual resistance
 - Endurance training
 - Initiate light plyometric program
 - Restricted sport activities (light swimming, half golf swings)

Weeks 18-21

- Continue all exercises listed above
- Continue and progress all interval sport program (throwing, etc.)

Phase IV: Advanced strengthening

Criteria for progression to phase IV:

- Full nonpainful ROM
- Satisfactory stability
- Muscular strength 75-80% contralateral side
- No pain or tenderness

Goals

- Enhance muscular strength, power, and endurance
- Progress functional activities
- Maintain shoulder mobility

Weeks 22-24

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual resistance patterns
- Plyometric strengthening
- Progress interval sport programs

Phase V: Return to activity phase (Months 5-9)

Criteria for progression to phase V

- Full functional ROM

- Satisfactory shoulder stability
- No pain or tenderness

Goals

- Gradual return to sport activities
- Maintain strength, mobility, and stability

Exercises

- Gradually progress sport activities to unrestricted participation
- Continue stretching and strengthening program

This protocol provides you with general guidelines for the rehabilitation of the patient following arthroscopic anterior capsulolabral reconstruction

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-944-2519**.

REFERENCE:

Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.