



Open Anterior Stabilization/Bankart Repair Protocol

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Precautions and 1st day Post-op visit

1. Sling 2-6 weeks (depends on surgeons recommendation)
2. Core and Abdominal exercises per therapist
3. Preserve healing (modalities as needed)
4. Posture education
5. **No Active Internal Rotation (Subscap healing)**
6. **Passive External Rotation to neutral (Stretches Subscap)**

Stage 1 (0-6 weeks)

1. Passive ROM Scap Plane, Ext Rot to neutral, and Abd (stabilize scapula/ 1:1 ratio)
2. **No Active Int Rot; Ext Rot to neutral** secondary to subscapularis muscle involvement
3. Cane to 90°, Ext Rot to 15-20°
4. Pulleys to 90° in Scapular Plane. Flex and ABD to tolerance
5. Pendulums immediately post op
6. Neck and peri-scapular stretches to prevent spasms (SCM/Levator/trap)
7. Isometrics Ext Rot, Abd, and Extension (2nd option: manually)
8. Gentle capsular stretches grade 1-2
9. Scapular stab's (i.e. active scapular depression, elevation, retraction, and protraction)
10. Grip and wrist exercises
11. Decrease pain and inflammation

Phase 2 (4-8 weeks)

1. Cane/Pulley continued with gradual increase in ROM
2. * by 6 weeks Int Rot and Ext Rot @ 0 ABD: 15-25° Ext Rot, pain free beyond neutral
3. **Begin gentle Int Rot** strengthening pain free (isometric to low t-band resistance)
4. Start Active ROM to tolerance Flex/Scap Plane by 6-7 weeks
5. Capsular stretches – grade 1-3
6. Continue isometrics
7. Rhythmic stabilization below 45° elevation
8. At 5 weeks t-band low resistance (see #6)
9. Continue scapular stabilization
10. Closed kinetic chain ex (i.e. wall/table)
11. AAROM PNF within available ROM

Stage 3 (6-12) weeks

1. Continue joint mobs GH/Capsule
2. Int Rot/Ext Rot to tolerance between 6-8 weeks
Goal: Int Rot to 50-70° and Ext Rot 60-80° by week 10
3. Increase to full pain free ROM by wk 12, continue Passive ROM if limited
4. 8 wks isotonic and manual resistance. **Manual resisted Int Rot and Ext Rot allows good feedback with gains and pain
5. Continue t-band (watch for scapular compensation and/or trap hiking)
6. Rhythmic Stab's within available ROM
7. Continue closed kinetic chain exercise from 90-120° (wobble board, etc)
8. AA/A PNF
9. Full can exercises below 70-90° (supine/sitting)
10. Proprioceptive exercises

Stage 4 (3-5 months)

Aggressive stretching may be needed if not optimal by this stage. Primarily by 3 months post-op, ROM will be difficult to achieve past this stage (i.e. low load long duration stretching, self mobs to HEP)

Goals: Full ROM pain free
No to minimal pain

1. Dynamic exercises (t-band/isotonics)
2. Resisted manual PNF
3. Eccentrics as needed
4. Open Kinetic chain exercises
5. Low grade plyometrics two handed
6. Neuromuscular control drills
7. Initiate exercises above 90°
8. Initiate pre-throwing and overhead exercises if indicated

Stage 5 (4-6 months) Return to Activity

Goals for return to sports/activity/discharge – no to minimal pain, clearance by physician and rehab team, strength 4+/5 depending on skill and functional level

1. Continue functional exercises
2. Start sport program
3. Continue ROM exercises as needed (self mobs)
4. Discharge to Home exercise program