

Central Indiana Orthopedics  
 14300 E 138th St  
 Building B  
 Fishers, IN 46037

Aaron M. Baessler, MD  
 Orthopaedic Surgery  
 Sports Medicine, Shoulder and Elbow Surgery

## Posterior Bankart Repair PT Protocol

### Phase I – Protection and Progressive PROM

#### **IMMEDIATELY POST-OP 0-2 weeks**

Sling at all times (including sleep) for 4-6 weeks, then as needed for comfort  
 Maintain shoulder in neutral rotation, no IR  
 No movements across body or internal rotation- Stress importance of patient compliance  
 Stitches removed at 7 – 10 days (at doctor's visit)  
 Begin supported pendulum exercises  
 Gripping exercises/AROM wrist and hand with shoulder in neutral position  
 Shoulder shrugs/scapular retraction without resistance  
 Perform home exercise program 2-3 times a day  
 Ice for up to 20 minutes as needed throughout the day including after exercises

<b>Week 2-4 Post-op (PT QIW-TIW)</b>	<b>Goals: (by 4 weeks post-op)</b>	<b>Date:</b>	<b>Initial:</b>
1. Continue above exercises 2. No Flexion or Scaption- AROM 3. PROM progressing to AAROM at 4wks 4. PROM/AAROM supine with wand -Flexion to 90 degrees as tolerated -Abduction to 60degrees -ER to 45-60 degrees 5. Sub maximal isometrics/pain free -Flexion, Abduction, Adduction ,ER, IR 6. begin scapular PNF seated 7. Ice, E-stim for pain control, edema reduction	1. Independent with HEP BID 2. AAROM in supine Flexion to 90 degrees, Abduction to 60 degrees 3. Decrease pain and inflammation Precautions: 1. Sling at all times except when exercising (4-6) 2. No horizontal adduction or IR for 6 wks 3. Avoid AROM		

<b>Weeks 4 – 6 Post-Op (PT QIW - TIW)</b>	<b>Goals: (by 6 weeks post-op)</b>	<b>Date:</b>	<b>Initial:</b>
1. Continue appropriate previous exercises 2. Progress PROM/AAROM to Flexion 125-140 degrees, Abduction to 90 Degrees, ER to 60+ degrees at 90 degrees abduction, IR to 50% of opposite shoulder (with shoulder abducted to 60 degrees) at 6 wks 3. Rhythmic stabilization IR/ER in scapular plane 4. Light theraband IR/ER at 45 degrees abduction- IR not to pass neutral	1. AAROM 125 to 140 degrees flexion Abduction to 90 degrees, ER >60 Degrees Precautions: 1. Lifts nothing heavier than coffee cup 2. No aggressive IR stretching		

### Phase II – Progressive AROM and Strengthening

<b>Weeks 6-9 Post-Op (PT QIW – BIW)</b>	<b>Goals: (by 9 weeks post-op)</b>	<b>Date</b>	<b>Initial:</b>
1. Initiate pulleys and UBE with light resistance	1. AROM >120 degrees flexion, 90 degrees scaption, 70 degrees ER		

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<ol style="list-style-type: none"> <li>2. Progress PROM/AAROM by week 8-165 degrees flexion, 85-90 degrees ER at 90 degrees abduction, IR at 90 degrees abduction to 45-60 degrees</li> <li>3. Strengthening exercises (light weight/high reps): Theraband Rows, Extension, and IR/ER at 0 degrees abduction, Isotonics : flexion, abduction, bicep curls, tricep EXT, shoulder shrugs, supine scapular protraction, reverse Codman's, Full Can, Prone Rows, Prone horizontal abduction, prone horizontal abduction ER, side lying ER, scapular PNF</li> <li>4. No push-ups or pushing movements</li> <li>5. Supine manual resistance PNF patterns</li> <li>6. Clothespin, cupboard placing</li> </ol>	<p>Precautions:</p> <ol style="list-style-type: none"> <li>1. No aggressive IR stretching or pushing activities</li> </ol>		
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<u>Weeks 9 – 12 Post-Op (PT 1x/2-3 weeks)</u>	<u>Goals: (by 12 weeks post-op)</u>	<u>Date</u>	<u>Initial:</u>
<ol style="list-style-type: none"> <li>1. Progress PROM and AROM to full</li> <li>2. Progress IR at 90 degrees abduction to 65 or greater if pain free</li> <li>3. Progress previous strengthening exercises emphasizing ER, scapular region</li> <li>2. Increased resistance with UBE</li> <li>3. begin wall push-ups with a plus, gradually progress toward lower levels (table, chair, bench, floor)</li> <li>4. Weighted PNF patterns D1 and D2, body blade</li> </ol>	<ol style="list-style-type: none"> <li>1. MMT <math>\geq</math> 4/5 FL</li> <li>2. MMT <math>\geq</math> 4/5 ABD</li> <li>3. MMT <math>\geq</math> 4/5 ER</li> <li>4. MMT <math>\geq</math> 4/5 IR</li> <li>5. Functional reach behind back to allow tucking in shirt</li> <li>6. Able to place 2 lbs. into overhead cabinet</li> <li>7. Able to place gallon of milk in refrigerator</li> </ol> <p>Precautions:</p> <ol style="list-style-type: none"> <li>1. Unilateral lifting limited to &lt; 10 lbs</li> </ol>		

Phase III – Advanced strengthening for pt.'s returning to sport

<u>Weeks 13-20 Post-Op (PT PRN)</u>	<u>Goals: (by 20 weeks post-op)</u>	<u>Date</u>	<u>Initial:</u>
<ol style="list-style-type: none"> <li>1. Progress isotonic exercises</li> <li>2. Additional Isotonics:           <ul style="list-style-type: none"> <li>▪ Seated Bench Press (light weight, short range)</li> <li>▪ Lat pull downs to chest</li> <li>▪ Pushup on unstable surface</li> <li>▪ Short arc, high speed T-band ER and IR at 90 deg. ABD</li> </ul> </li> <li>4. Plyometrics (4 months): chest pass, plyoball chop toss, overhead throws</li> </ol>	<ol style="list-style-type: none"> <li>1. MMT 5/5 FL</li> <li>2. MMT 5/5 ABD</li> <li>3. MMT 5/5 ER</li> <li>4. MMT 5/5 IR</li> <li>5. MMT 5/5 EXT</li> <li>6. Able to place <math>\geq</math> 10 lbs. in overhead cabinet</li> </ol> <p>Sport specific goal(s): May begin Interval throwing program at 16 wks with physician approval</p>		

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Phase IV- Return to activity

<b><u>Weeks 20-24 Post-Op (PT PRN)</u></b>	<b><u>Goals: (by week 24 post-op)</u></b>	<b><u>Date</u></b>	<b><u>Initial</u></b>
1. Progress Isotonic exercises 2. Complete Interval Throwing Program 3. Issue throwers ten program 4. Stress the importance of capsular mobility	1. Pain free return to sports 2. Consider Bracing for contact sports		