

Rehabilitation for Posterior Bankart Labral Repair

Please note that the surgical team may adjust any of these protocols as necessary for each individual patient. The following are guidelines only and physical therapists should contact us if they have any questions regarding our protocol and our patient's needs, limitations and expectations.

Phase 1: immediate postoperative phase “protected motion” (day 1-week 6)

Goals

- Protect the anatomic repair of the Posterior labrum by avoiding posterior loading
 - Prevent negative effects of immobilization
 - Promote dynamic stability
 - Diminish pain and inflammation
-

Week 0-2

- Pillow-Sling for 6 weeks while sleeping and walking
- Elbow/hand PROM/AROM, Hand-gripping exercises
- Supported pendulum exercises
- Gentle shoulder PROM exercise
 - ER: neutral - 40° as tolerated
 - Extension neutral - 25°
 - No active/passive IR, flexion or abduction
- Submaximal isometrics for shoulder musculature
- Scapular retraction without resistance
- Cryotherapy, modalities as indicated

Week 2-4

- Continue exercises above
- Continue elbow/wrist ROM and begin resisted exercises (light dumbbells)
- Continue gentle PROM exercises
 - Abduction to 60°
 - ER in scapular plane 45°-60°
 - IR to 50% of opposite shoulder with shoulder in 45° of abduction and supported
- AAROM supine with L-bar/wand
 - Abduction to 60°
 - ER to 45-60°
 - IR to 50% of opposite shoulder with shoulder in 45° of abduction and supported
- Initiate rhythmic stabilization drills with arm supported
- Initiate proprioception training
- Continue isometrics / continue cryotherapy

Week 4-6

- Progress all exercises listed above
- Discontinue Sling at 6 weeks
- Gradually improve PROM/AAROM
 - ER at 45° abduction: 60-90°
 - IR at 60° abduction to 80% of opposite shoulder
 - Abduction to 90°
- Begin/continue tubing ER/IR at the side
- PNF manual resistance
- Initiate “full can” exercise (weight of arm)
- Initiate treadmill walking progression program
- Begin PROM/AAROM flexion 0-100° at 5-6weeks

II. Phase 2: intermediate phase: moderate-protection phase (weeks 7-12)

Goals

- Gradually restore full PROM/AROM
 - Preserve the integrity of the surgical repair
 - Restore muscular strength and balance
-

Week 6-9

- Continue exercises from above
- Gradually progress PROM/AAROM/AROM as tolerated
 - Flexion to 100-160+° as tolerated
 - ER at 45-90° abduction: full
 - IR at 45-90° abduction: 90% or greater of the opposite shoulder
- Continue to progress isotonic strengthening program
- Continue PNF strengthening
- Initiate thrower’s ten program progressively and as tolerated
- Body blade in abduction
- Ball on wall in abduction or scaption
- Standing rows with theraband
- Prone scapular retraction w/o weight

Week 9-12

- May initiate slightly more aggressive strengthening
 - Tubing exercises
 - Dynamic stabilization
- Progress ER to throwers motion
 - ER at 90° abduction: 85°+ as tolerated
- Progress isotonic strengthening exercises

- Continue all stretching exercises
 - Progress ROM to functional demands (i.e., overhead athlete)
 - Progress flexion to full as tolerated.
- Continue all strengthening exercises with increased resistance as tolerated
- Elliptical progression
- Seated row, light resistance
- Push-up progression wall to table (no elbow flexion > 90°)
- Treadmill running progression program
- BAPS on hands
- Ball toss with arm at side

III. Phase 3: minimal protection phase (months 3-5)

Goals

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

Criteria to enter phase III

- Full non-painful AROM
 - Satisfactory stability
 - Muscular strength (good grade or better)
 - No pain or tenderness
-

Months 3-4

- Continue all stretching exercises (capsular stretches)
 - Maintain full ROM as tolerated
- Maintain throwers motion (especially ER)
- Continue strengthening exercises
 - Throwers ten program or fundamental exercises
 - PNF manual resistance
 - Endurance training
 - Initiate light plyometric program
 - Restricted sport activities (light swimming, half golf swings)
 - Ok to work on contact sport activities such as conditioning.
- Push-up progression table to chair (no elbow flexion >90°)
- Weight training with light resistance
 - No elbow flexion >90° with bench, dips, etc.

Months 4-5

- Continue all exercise listed above
- Continue all stretching
- Continue throwers ten program, progress to advanced throwers ten
- Continue returning to non-contact sport specific drills as tolerated
- Initiate interval sport program (throwing, etc.)
 - **See interval throwing program**
- Progressive weight training (avoid heavy posterior loading of shoulder joint)
- Running progression to track
- Transition to home/gym program
- Progress push-up chair to floor (Avoid elbow flexion >90°)

IV. Phase 4: advanced strengthening phase (months 5-6)

Goals

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

Criteria to enter phase IV

- Full non-painful AROM all directions
 - Satisfactory static stability
 - Muscular strength 85%-90% of contralateral side
 - No pain or tenderness
-

Months 5-6

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual-resistance patterns
- Plyometric strengthening
- Progress interval sport programs
- Return to normal weightlifting overhead without restrictions
 - Avoid heavy weightlifting that places extreme force to the back of the shoulder
 - Lineman blocking, bench pressing, etc.
- Return to contact sports by 6 months