

Arthroscopic Bankart Repair

0-2 weeks: Initial recheck. Staples will be removed unless otherwise indicated.

- Most of time is in shoulder immobilizer
- Aggressive icing and swelling control
- Pendulum range of motion started post op day 1
- No external rotation exercises/stretchers
- Scapular positioning and control
- Goal of this phase is pain control

2-6 weeks: Passive range of motion is the focus of this period.

- Shoulder immobilizer is still used when up walking. Can be removed at night and when sitting quietly.
- Continue pendulum range of motion.
- Focus of physiotherapy should be to continue passive ROM of the glenohumeral joint and scapular positioning and control.
- Goal of ROM to 90 degrees of forward elevation
- No external rotation exercises/stretchers
- Active assisted ROM can be introduced around 3-4 weeks. Pulley, wall walks, broom handle assisted exercises can be added.
- Submaximal isometric exercises starting around weeks 4-5 (below 90 degrees of forward elevation)

6 weeks: Recheck with surgeon. Further progression of activity will be indicated by Dr Urquhart at this recheck.

- Sling is discontinued.
- Progression of ROM (goal 135 degrees by week 7). Progressive active flexion and abduction in standing or antigravity positions are added through pain-free ROM.
- External rotation can be initiated. Limit of 25 degrees. Progression beyond this range should only be attempted after 12 weeks.
- Progress gradually to weight/tubing as tolerated for rotator cuff strengthening. Progress scapular exercises via closed chain or tubing exercises. Abduction isometrics can be added. (Reaching ROM is key before aggressive progression of strengthening.)
- Start proprioceptive exercises

12 weeks: Recheck appointment with surgeon

- ROM should be >155 degrees of forward elevation. Can work on external rotation however not to the point of pain.
- Progress strengthening of rotator cuff. This should include band exercises plus open and closed chain. Enhanced proprioception control and shoulder kinematics is key.
- Perturbation exercises
- Plyometric exercises can be added in the following weeks
- Sport specific exercises and endurance progression (med ball wall throws, tennis ball wall rebounds)
- Throwing athletes could initiate throwing after 14+ weeks in a slow and gradual progression

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5-6 months: Recheck appointment with surgeon

- Should have near full forward elevation with no pain.
- Strength should be approaching contra lateral arm.
- Continue and advance sport specific exercises
- Consideration of return to sport. High risk sports such as rugby, football, and hockey should consider longer.
- Throwing athletes should be monitored to ensure no loss of ROM or prolonged post activity pain.