

## Bankhart Repair Rehabilitation Protocol

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This protocol is designed to assist the therapist in directing the post-operative recovery of patients following an arthroscopic anterior labral (Bankhart) repair. This protocol is a general outline of the anticipated progress for the majority of repairs. Patients may progress more slowly than anticipated in cases of concomitant posterior labral or SLAP repairs, age greater than 40 yrs, or in cases significant tightening of the anterior capsule. Restoration of external rotation, especially in the abducted position, should be pursued slowly, as outlined below. Patients may experience a 10°-15° loss of ER compared to the contralateral side in some instances.

### **Phase 1:** Protection (0 – 4 weeks)

Shoulder immobilizer for the first 4 weeks. Sleep in the sling (remove neck strap if needed for comfort).

Range of Motion - remove sling 3 x daily for ROM exercises as below:

- Pendulum exercises - no larger than a basketball, 5 minutes at time, alternate directions
- Active ROM in elbow flexion and extension with the elbow at the side and humerus in neutral rotation
- Forearm pronation and supination, finger and wrist ROM
- Scapular retractions and trapezial stretch

### Restrictions

- No active ROM of the shoulder
- No passive ER beyond neutral

### Goals

- Protect the integrity of the repair, decrease soft tissue swelling
- Demonstrate scapular mobility
- ER of 0° - 10° at week 4

**Phase 2:** AAROM/PROM (4 – 6 weeks) – No external rotation > 45°

Discontinue shoulder immobilizer, may use simple sling as needed for comfort when out of the house (fatigue, pain, protection).

Advance to routine ADL's as tolerated, no lifting greater than 2 lbs.

**Range of Motion** - begin at 4 weeks

- Begin table slides and advance to rail slides
- Begin supine active-assisted ROM and supine AROM as tolerated
  - Advance supine AROM to seated and standing once adequate scapular control demonstrated
  - Wand exercises:
    - ❖ Flexion, abduction, and ER: advance as tolerated
    - ❖ Progress supine to seated to standing once adequate scapula control
- Pulleys: flexion, abduction, scaption
- Scapular mobilization as indicated

**Restrictions**

- No passive ER beyond 45° weeks
- No lifting greater than 2lbs

**Goals**

- Establish good scapulothoracic joint mobility
- Demonstrate scapular control/stability
- Initiate early glenohumeral mobility while protecting the labral repair, FE >90°

**Phase 3:** AROM and early strengthening (6 – 8 weeks)

Patient may begin to progress external rotation beyond 45° as tolerated but is to not be forced (some tightness is good). Begin AROM in all planes of motion. May begin light rotator cuff and scapular stabilization strengthening to begin to normalize scapulohumeral rhythm. Perform rhythmic stabilization activities (manual, body blade, etc.) Begin core and trunk strengthening.

**Range of Motion**

- Progress as tolerated in all planes, no forceful ER

**Strengthening**

- Progress from isometrics to band exercises for cuff strengthening
- Scapular strengthening:
  - Advance rows and scapular stabilization exercises

**Goals**

- Standing FE of  $> 120^\circ$
- ER of approximately  $60^\circ$  with the elbow at the side
- Demonstration of normal scapulohumeral rhythm

**Phase 4:** Strengthening (8 – 16 weeks)

Continue to progress ROM in all planes with no ER restriction.

Begin upper extremity large muscle group strength training exercises at a low intensity with slow progression. Begin multi-planar strengthening of involved UE. Can begin plyometric type activities and work hardening and conditioning activities (box lifts, carries, push/pull, etc.) at 10 weeks.

Goals

- Achieve full active shoulder forward elevation and abduction
- ER of  $\geq 75^\circ$  with the elbow at the side
- Rotator cuff and scapular strength  $\geq 4+/5$
- Perform lifting and carrying activities and return to work readiness activities at moderate physical demand level by 4 months

**Phase 5:** Advanced strengthening (16-20 weeks)

Progress to functional activities to maximize strength, power and endurance. May begin an interval throwing program for throwing athletes and sports interval program for non-throwing athletes.

Goals

- Prepare for return to unrestricted sports and work-related activities

Precautions

- No pull-ups until 6 months post-op
- No dips until 6 months post-op
- Return to non-contact sports at 4 – 6 months post-op (tennis, golf)
- Full return to pitching and full velocity activity in overhead sports at 6 – 8 months
- Return to contact sports at 6 – 8 months