

## **Anterior Labral Reconstruction (Bankart) Protocol**

\*\*The following is an outlined progression for rehabilitation following surgery. The following are suggested time frames for progression. Proper progression through the phases of rehabilitation should be based on the individual case (i.e. age, patient history, revision surgery, Latajet procedure, etc.). The advice of the Dr. Young and/or Jake, along with clinical judgment by the physical therapist should be utilized when necessary. \*\*

### **Phase I (Week 0 - 4)**

#### **Goals:**

- Control pain and swelling
- Protect healing tissue/repair site
- Begin to restore passive range of motion (PROM)
- Prevent the negative effects of shoulder immobilization
- Patient education on rehabilitation progression
- **Caution:** Avoid any type of active motion and lifting with the surgical arm
- **Immobilizer:** Gradual weaning out of the immobilizer at 2 weeks post-op
- May use immobilizer for sleep and for "at-risk" situations over the next 3 - 4 weeks

#### **Suggested Exercises: (Week 0 - 2)**

- Modalities as indicated
- Pendulums
- Standing scapular mobility (no resistance)
- Supine passive forward elevation, abduction
- Elbow and hand ROM exercises
- Hand gripping exercises (i.e. ball squeeze, putty)
- Avoid active external rotation, extension, or abduction (90/90 position)
- Stationary or recumbent bike for overall conditioning
- Cervical spine motion

#### **Suggested Exercises: (Week 2-4)**

- Continue with modalities as indicated
- Continue with PROM, progressing to AAROM
- Initial sub-maximal isometrics
- Stationary or recumbent bike for overall conditioning
- Continue with cervical spine motion

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- Can initiate core strengthening
  - Postural exercises
  - Continue with scapular mobility

**Criteria to advance to Phase II:**

- Minimal to no shoulder pain
- Passive forward elevation to at least 120 degrees
- Passive abduction to at least 90 degrees
- Passive ER in scapular plane to 15-20
- Passive IR in scapular plane to 55-60

**Phase II (Week 4 - 8)**

**Goals:**

- Continued protection of healing tissue/repair site
- Continue to improve ROM, progressing to full AROM
- Initiate gentle peri-scapular and rotator cuff strengthening by the end of Phase II
- Begin using your arm for daily activities in front of body only. No weight
- Discontinue use of the immobilizer completely
- Use caution with overhead motion and especially overhead and away from your body
- Continue to avoid lifting, pushing, pulling or carrying anything greater than 1 lbs.

**Suggested Exercises:**

- Modalities as indicated
- Continue passive ROM, AAROM exercises, progressing to AROM exercises
- Continue with isometrics

**Initiate gentle strengthening exercises at approximately 6 weeks (Light resistance bands and/or against gravity). Clinical judgment based on the patient:**

- Rowing
- Shoulder shrugs
- Prone Extension
- Standing/Prone Scaption
- Prone Horizontal Abduction
- Internal Rotation (Neutral position only). **External rotation in neutral can be initiated at 8 weeks**
- Can initiate gentle proprioceptive exercises
- Can initiate gentle rhythmic stabilization exercises
- Continue with Stationary or recumbent bike for overall conditioning

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**Criteria to advance to Phase III**

- Full AROM
- No shoulder pain
- Patient is tolerating gentle strengthening exercises with little to no discomfort
- Improved shoulder stability

**Phase III (Week 8 - 12)**

**Goals:**

- Continue to maintain full AROM and PROM
- Progress with strengthening exercises
- Begin to use the arm for daily activities with the limitation of no lifting away from your body or overhead greater than 1 or 2 pounds
- Restore muscular strength, balance and overall shoulder stability
- Begin walk to jog program with the goal of returning to running
- Emphasis on proper scapulohumeral rhythm with all exercises

**Suggested Exercises:**

- Continue ROM exercises
- Continue with stretching program - using caution not to stress the repair or cause impingement
- Progress with strengthening program
- Can initiate PNF strengthening exercises

**Phase IV (Week 12 - 16)**

**Goals:**

- Maintain full ROM with stretching program
- Strength progression
- Continue to encourage progressive use of arm for functional daily activity
- Can begin light swimming, pitching/putting (golf), light plyometrics at 16 weeks.
- No contact sports until approximately 5-6 months post-op - pending physician clearance.
- Progress to a home exercise program
- Throwing mechanics can be initiated. No throwing until at least 6 months.

**Suggested Exercises:**

- Continue ROM and stretching exercises
- Continue to progress with strengthening exercises
- Can incorporate Internal/External rotation strengthening at 90 degrees of abduction

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- Continue to progress with proprioceptive drills
  - Initiate a gradual progression with overhead proprioceptive and plyometric drills
  - May begin supervised weight training program pending Dr. Young clearance - use caution and plan a program with the physical therapist to avoid overtraining. (Closer to the 20 week mark if progressing well).
  - Push up progression - starting with wall push-ups, partial push-ups and progressing further. (Can begin a gradual progression at approximately 16 weeks)
  - Gradual progression to sport specific activities and/or work specific activities.

**Phase V (5 - 6 months +)**

- Continue to progress with sport specific activities
- Clearance by Dr. Young for full sports and/or work participation
- If a Latarjet procedure was indicated - sports clearance at 9 - 12 months. Football clearance likely around 12 months. This will be decided on a case by case basis.