

Alta View Sports Medicine



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## Shoulder Anterior Labral Repair/ Capsulorrhaphy (Bankart Procedure) Physical Therapy Protocol

**General Guidelines:** The included protocol is intended to be a guideline for the therapist in assisting the patient having undergone a rotator cuff repair (which may also include a subacromial decompression or distal clavicle excision). The overall speed of progression is determined by the therapist upon achieving the designated goals, but within the below restrictions to allow the tendon repair to heal. Determined length of therapy is 2-3 times weekly for 8-12 weeks with emphasis on a home exercise program. Modalities may be used as needed.

### **Rehabilitation Protocol**

#### **Phase 1: 0-2 weeks postop**

Physical therapy should start after 2 weeks postop.

**Goals:** Soft tissue rest, protect the labral/capsular repair

#### **Phase 2: 2-4 weeks postop**

**Goals:** Control pain, gentle passive shoulder motion, protect the labral/capsular repair

**Restrictions:** NO active ROM. No passive forward elevation or abduction > 120° for 4 weeks

- Limit shoulder external rotation to 45° for 6 weeks.
- For OPEN Bankart repair with subscapularis repair—limit external rotation to < 20° until 6 weeks postop
- For biceps tenodesis—may perform active elbow flexion, no lifting for 6 weeks

**Weight bearing:** NWB and no lifting using affected arm. (including with/without biceps tenodesis)

**Sling:** To continue to use sling until 6 weeks postop except during supervised therapy or home exercises in a controlled environment.

Exercises:

- Elbow, wrist, finger ROM
- Passive assisted pendulum and codman motions
- Supine assisted passive forward flexion < 120°
- Shoulder shrug and scapula retraction
- Scapula retraction
- Cardiovascular conditioning
- Lower extremity strengthening

**Phase 2: 4-6 weeks postop**

Goals: Begin gentle shoulder stretching, improve passive range of motion, protect labral/capsular repair

Restrictions:

- Limit shoulder external rotation to 45° for 6 weeks.
- For OPEN Bankart repair with subscapularis repair—limit external rotation to < 20° until 6 weeks postop
- For biceps tenodesis—may perform active elbow flexion, no lifting for 6 weeks

Weight bearing: NWB and no lifting using affected arm. (including with/without biceps tenodesis)

Sling: To continue to use sling until 6 weeks postop except during supervised therapy or home exercises in a controlled environment.

Exercises:

- Elbow, wrist, finger ROM
- Passive assisted pendulum and codman motions
- Supine assisted passive forward flexion
- Stick and Pulley exercises
- Shoulder shrug and scapula retraction
- Scapula retraction
- Cardiovascular conditioning
- Lower extremity strengthening

**Phase 4: 6-12 weeks postop**

Goals: Improve passive ROM to full as tolerated, begin gentle shoulder strengthening once full active motion is achieved, protect the labral repair

Restrictions: May advance to AROM once full pain-free PROM is achieved. Avoid aggressive motion behind the back.

Weight bearing: NWB and no lifting > 5 lbs with affected arm

Sling: May wean out of sling. Sling for comfort or following therapy for rest.

Exercises:

- Continue Phase II
- Advance PROM/AAROM shoulder stretching to achieve full motion
- Supine assisted passive forward flexion to full motion
- Stick exercises in forward flexion, extension, internal rotation, external rotation, abduction
- Pulley exercises
- Table slides
- Sidelying active ER/IR
- Active Prone Rowing
- Active Prone Horizontal Abduction/Extension/Flexion
- Continue lower extremity strengthening
- Continue cardiovascular training

**Phase 5: ~ 3-6 months postop**

Goals: Maintain full active range of motion, progress gentle rotator cuff and peri-scapular strengthening

Restrictions: May begin gentle strengthening once full pain-free AROM is achieved.

Weight bearing: No lifting > 10 lbs

Exercises:

- Continue Phase 3 stretching exercises
- Continue daily flexibility/stretching
- Rotator cuff isometrics
- Closed chain wall circles, clock rotation
- Theraband Exercises
  - Train patient on daily home exercise routine
- Supine Scapula Protraction/Retraction
- Sidelying ER/IR, 1 lb progress to 5 lb weights
- Prone Horizontal Abduction , 1 lb progress to 5 lb weights
- Prone Horizontal Abduction in ER, 1 lb progress to 5 lb weights
- Biceps Curls, < 5 lbs
- Triceps Curls/Prone Rowing, < 5 lbs
- Push Up progression, avoid elbow flexion > 90°
- Continue cardiovascular training
- Continue lower extremity strengthening
- Advance proprioception, neuromuscular activities
- Other exercises as indicated
- May begin light non-contact sports with progression of activity depending on symptoms:
  - Golf putting/chipping with tee at 4 months, no driving until 5 months
  - Tennis: two-hand tennis strokes, advance ground strokes at 5 months, no serving until 6 months
  - Swimming: no freestyle or backstroke until 6 months

### **Phase 6: 6+ months postop**

Goals: Maintain full pain-free range of motion, continued rotator cuff and periscapular muscle strengthening, return to full activity and sport

#### Exercises:

- Continue theraband exercises 3x weekly for 30 minutes
- May advance upper extremity weight lifting based on symptoms
- Overhead throwing athletes—gradual, progressive throwing program
- Maintenance program for shoulder strengthening