

Open Bankart Repair Rehabilitation Program

The Gundersen Health System Sports Medicine Repair Protocol is a criteria based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Open repairs can be progressed faster than arthroscopic repairs to prevent to the most common complication of loss of ROM. Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-6 weeks	Phase II: 6-12 weeks	Phase III: 12 weeks+
Sling: ABD pillow 24 hrs day for 2-3 wks. D/C per MD	Sling: Not applicable	Sling: Not applicable
PROM: ER: 0-20 in scaption for 5 wks, increase to 40 by 6 wks. Flexion 0-90. Scaption 0-90. No Abduction. No terminal stretching	PROM: Goal: Full ROM by 8-10 wks. Flexion / Scaption / Abd progressively increase. Initiate gentle 90/90 ER at 6 wks with gradual progression to 90 deg by 10 wks.	PROM: Full with no restrictions
AAROM: see PROM.	AAROM: see PROM	AAROM: Full with no restrictions
AROM: Initiate at 4-6 wks in scapular plane. Avoid extension beyond neutral.	AROM: Full by 8-10 wks	AROM: Full with no restrictions
Modalities: Cryotherapy 3x/day IFC if c/o pain NMES	Modalities: Cryotherapy 3x/day IFC if c/o pain, NMES Biofeedback inhibition if compensatory shoulder shrug	Modalities: Cryotherapy NMES if specific muscle weakness
<p>RX: Recommendations: No AROM for 4 wks. Avoid excessive ER and ext. No overhead motions.</p> <p>Sapega-McClure technique: 1. Active warm-up: Codmans, UBE at 4 wks 2. Heat in gentle stretch(1st TERT) TERT=Total End Range Time 3. Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM see above AROM - see above Elbow / Wrist AROM 4. Therapeutic exercises: Wrist/Hand exercises Submax pain-free isometrics shld flexion, Abd, ext 4-6 wks Submax IR/ER M<I in neutral to full IR Sidelying ER to neutral 5 wks Submax rhythmic stabilizations IR/ER in neutral in scaption 5. Ice in gentle stretch (2nd TERT) 6. HEP for 3rd TERT</p>	<p>RX: Recommendations: Sapega-McClure technique: 1. Active warm-up: UBE, Rower 2. Heat in stretch (1st TERT) TERT=Total End Range Time 3. Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM / AROM 4. Therapeutic exercises: Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER in scaption Sidelying ER Total arm strengthening Biceps curls / Triceps ext Rhythmic stabilizations OKC/CKC Perturbation training 8 wks Isokinetic IR/ER in 30/30/30 Prone ER with hor abduction Lower trapezius exercises 10 wks Isotonic IR/ER in 90/90 PNF patterns 11 wks Isokinetic IR/ER in 90/90 5. Ice in stretch (2nd TERT) 6. HEP for 3rd TERT</p> <p style="text-align: right;">Updated 11/03</p>	<p>RX: Recommendations: Sapega-McClure technique if needed (see previous) Scapulo-thoracic (Moseley) GH exercises (Townsend) Isotonic IR/ER Isokinetic IR/ER Prone strengthening exercises Lower trapezius exercises Total arm strength PNF patterns CKC exercises Rhythmic stabilizations OKC/CKC Perturbation training Plyometric exercises Sport-specific exercises if strength scores 75% or > and/or ER/IR ratio 2/3</p> <hr/> <p>Testing: 16-20 wks Isokinetic IR/ER Test (30/30/30 or 90/90 if overhead athlete/laborer)</p> <hr/> <p>Return to Work/Sport No Pain + Full ROM Isokinetic Test –90% Functional Testing – 90% MD approval 16-20 wks Return to interval throwing program</p>

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Bankart Repair References

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