Rehabilitation Protocol: Arthroscopic Anterior Shoulder Stabilization (Bankart Repair)

Name: ________________________________ Date: ____________________

Diagnosis: ____________________________ Date of Surgery: _____________

□ Phase I (Weeks 0-4)
  - Sling immobilization at all times except for showering and rehab under guidance of PT
  - Range of Motion – PROM → AAROM → AROM as tolerated
    o Restrict motion to 90° of Forward Flexion, 45° of Abduction, 30° of External Rotation and Internal Rotation to stomach
  - Therapeutic Exercise
    o Elbow/Wrist/Hand Range of Motion
    o Grip Strengthening
    o Isometric Abduction, Internal/External Rotation exercises with elbow at side
  - Heat/Ice before and after PT sessions

□ Phase II (Weeks 4-6)
  - Discontinue sling immobilization
  - Range of Motion – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
  - Therapeutic Exercise
    o Advance isometrics from Phase I to use of a theraband within AROM limitations
    o Continue with Elbow/Wrist/Hand Range of Motion and Grip Strengthening
    o Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhombooids/levator scapula)
    o Gentle joint mobilization
  - Modalities per PT discretion

□ Phase III (Weeks 6-12)
  - Range of Motion – Progress to full AROM without discomfort
  - Therapeutic Exercise – Advance theraband exercises to light weights (1-5 lbs)
    o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
    o Continue and progress with Phase II exercises
    o Begin UE ergometer
  - Modalities per PT discretion

□ Phase IV (Months 3-6)
  - Range of Motion – Full without discomfort
  - Therapeutic Exercise – Advance exercises in Phase III (strengthening 3x per week)
    o Sport/Work specific rehabilitation
    o Return to throwing at 4.5 months
    o Return to sports at 6 months if approved
  - Modalities per PT discretion

Comments:

Frequency: _____ times per week          Duration: _______ weeks

Signature: _______________________________ Date: ____________________