



Arthroscopic Labral Repair / Posterior Shoulder Stabilization Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

The posterior Bankart procedure is one where the orthopedic surgeon repairs the torn posterior capsule by re-attaching it to the glenoid rim. Postoperatively, the patient must be cautious with over aggressive ROM and stretching activities.

The goal of this rehabilitation program is to return the patient/athlete to their activity/sport as safely as possible while maintaining a stable shoulder. This program is based on shoulder anatomy, biomechanics and the healing constraints of the surgical procedure. Please keep in mind common problems that may arise following shoulder surgery. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

PHASE I – PROTECTION PHASE: day after surgery – end of week 6:

Precautions:

- Postoperative brace in 90 degrees abduction, 60 degrees external rotation for 4 weeks (physician will determine length of time and position)
- Brace must be worn at all times with the exception of exercise activity and bathing
- No activities above head or across body
- Must sleep in brace

Goals:

- Allow healing of repaired capsule
- Initiate early protected and restricted range of motion
- Retard muscular atrophy
- Decrease pain/inflammation



Day after surgery – end of week 4:

Cryotherapy:

- Ice before and after exercises for 20 minutes. Ice up to 20 minutes per hour to control pain and swelling.

Exercises:

- Gripping exercises with putty
- Active elbow flexion/extension wrist flexion/extension and pronation/supination
- AROM cervical spine
- Passive ROM progressing to active-assisted ROM
- Active-assisted ROM: (initiate AAROM at 4 weeks)
 - External rotation to tolerance at 90 degrees of abduction
 - Flexion to 90 degrees as tolerated
 - ** No IR for 6-8 weeks ****
- Submaximal shoulder isometrics
 - Flexion
 - Abduction
 - Extension
 - External rotation
 - Internal rotation
- Rhythmic stabilization drills ER/IR in scapular plane
- Avoid CKC exercises

Please note, in general, all exercises begin with 1 set of 10 repetitions and should increase by 1 set of 10 repetitions daily as tolerated to 5 sets of 10 repetitions.

Week 5 – end of week 6:

Goals:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation

**** Remove shoulder brace at 4 weeks (per AHI physician direction)****

Range of Motion Exercises:

- L-Bar active-assisted exercises
- ER at 90 degrees abduction to tolerance
- Shoulder flexion to tolerance to 90 degrees at week 4 then 125 degrees at week 6
- No IR for 6-8 weeks (unless physician specifies)
- Rope and pulley
 - Shoulder scaption to 90 degrees at week 4, progress to 125 degrees at week 6
- All exercises should be performed to tolerance
- Do not push or aggressively stretch into IR, or horizontal adduction



Gentle Joint Mobilization to Re-establish Normal Arthrokinematics:

- Scapulothoracic joint motion
- Glenohumeral joint capsular mobility – avoid posterior glides
- May perform inferior and anterior glides at week 5-6
- Sternoclavicular joint motion

Strengthening Exercises:

- Exercise tubing ER/IR at 45 degrees abduction (IR to neutral rotation only)
- Active shoulder flexion (full can)
- Active shoulder abduction
- Isotonic biceps
- Scapular strengthening with arm at 0 or 30 degrees abduction
 - Prone horizontal abduction
 - Prone horizontal abduction with ER
 - Prone rowing
 - Prone extensions
- Rhythmic stabilization ER/IR and Flex/Ext
- Avoid CKC exercises

Proprioception and Kinesthesia Training:

- Initiate joint reposition training

Decrease Pain/Inflammation:

- Ice, NSAIDs, modalities

PHASE II – INTERMEDIATE PHASE: week 7 – end of week 12:

Goals:

- Gradually re-establish range of motion
- Normalize arthrokinematics
- Increase strength
- Improve neuromuscular control
- Enhance proprioception and kinesthesia

Week 6 – end of week 9:

Range of Motion Exercises:

- L-Bar active-assisted exercises
- ER at 90 degrees abduction to tolerance (should be 85-90 degrees by week 8)
- Shoulder flexion to tolerance (165 by week 8)
- IR at 90 degrees abduction to 30-45 degrees week 10
- Rope and pulley: elevation in scapular plane



Strengthening Exercises:

- Tubing for IR/ER at 0 degrees abduction
- Initiate isotonic dumbbell program
 - Shoulder abduction
 - Shoulder scaption with ER (Full can)
 - Latissimus dorsi
 - Rhomboids
 - Biceps curl
 - Triceps push downs
 - Scapular muscle training
 - No push-ups or pushing movements
 - Serratus anterior punches
 - Prone row
 - Prone horizontal abduction
 - Prone horizontal abduction ER
 - Sidelying ER dumbbell
- Initiate Neuromuscular Control Exercises for Scapulothoracic Joint
- Progress proprioception training

Week 10 – end of week 12:

Continue all exercises listed above

Initiate:

1. Active-assisted internal rotation at 90 degrees abduction
2. Progress IR to 60-65 degrees at 90 degrees abduction
3. Initiate push-ups into wall at week 12
4. Emphasize muscle strength of ER, scapular region

Criteria to Enter Phase III:

- Full, non-painful ROM
- No pain/tenderness
- Strength 70% contralateral side

PHASE III – DYNAMIC STRENGTHENING PHASE: week 13 – end of week 20:

Goals:

- Maintain/progress to full ROM
- Improve strength/power/endurance
- Improve neuromuscular control
- Enhance dynamic stability
- Improve scapular muscular strength



Week 13 – end of week 16:

Exercises:

- Continue isotonic program
- Continue trunk/LE strengthening and conditioning exercises
- Continue neuromuscular control exercises
- Machine resistance (limited ROM):
 - Latissimus dorsi pull downs
 - Seated row
 - Seated bench press
- May process CKC program:
 - Ball on wall
 - Pushup on unstable surface

Week 17 – end of week 20:

- Continue all exercises as above
- Emphasis on gradual return to recreational activities

Criteria to Progress to Phase IV

- Full ROM
- No pain/tenderness
- Satisfactory clinical exam
- Satisfactory Isokinetic test

PHASE IV – RETURN TO ACTIVITY: week 21 – end of week 28:

Goals:

- Progressively increase activities to prepare patient for unrestricted functional return

Exercises:

- Continue isotonic strengthening exercises outlined in Phase III
- Continue ROM exercises
- Initiate Interval Programs between 28-32 weeks (if patient is an athlete)

Note: Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.