



Anterior Arthroscopic Shoulder Stabilization (with or without Bankart) Post-Operative Care

This protocol was developed to provide the physical therapist with guidelines for treatment of a patient who has undergone anterior arthroscopic shoulder stabilization, with or without Bankart repair. These guidelines are not a substitute for appropriate clinical decision making. The protocol is divided into 4 phases. Patients will typically continue with formal physical therapy in some capacity until they are independent with Phase III home exercises (15 to 18 weeks post-op). Anticipated number of visits range from 15 to 25 formal PT sessions. Progression from phases should not occur prior to the appropriate post-op time frames; however, phase progression should be delayed if the patient does not meet the progression criteria. Tolerance to exercise should be closely monitored. Patients should not have a significant increase in pain after treatment or exercise. If this occurs, treatment is too vigorous and should be modified accordingly. UBE's should not be used during the rehab process due to high injury rates.

Phase I: Post-Op Phase **Weeks 0 to 6**

Immobilization:

- Sling worn at all times for 5 weeks post-op, removing only for exercises and showering

Formal Physical Therapy:

- Patients will be scheduled for 1st PT visit on POD 3-5
- Most patients will be seen 2 times a week during Phase I
- If the patient is progressing too quickly with ROM, formal treatment can be decreased to 1 time a week for the remainder of Phase I

Goals:

- Maintain the integrity of the repair
- Promote dynamic stability and proprioception
- Gradually restore full PROM
- Reduce pain and inflammation
- Patient and family independent with:
 - Joint protection
 - PROM/HEP
 - Donning/doffing sling and clothing

Precautions:

- No shoulder AROM
- Sling worn at all times for 5 weeks post-op, removing only for exercises and showering
- No excessive stretching or sudden motion
- Keep incisions dry and clean
- No lifting with involved extremity
- No driving until out of sling, unless cleared by the surgeon

Physical Therapy Treatment:

- PROM as tolerated (pain free)
 - Forward elevation
 - Week 1: to 70°
 - Weeks 2-4: to 90°
 - Weeks 5-6: to 145°
 - External rotation in the scapular plane_(elbow supported to avoid shoulder extension)
 - Weeks 1-2: to 5-10° (at 30° abduction)
 - Weeks 3-4: 15-20° (at 45° abduction)
 - Weeks 5-6: to 45-50° (at 45° abduction)
 - Internal rotation in the scapular plane (elbow supported to avoid shoulder extension)
 - Weeks 1-2: to 45° (at 30° abduction)
 - Weeks 3-6: to 55-60° (at 45° abduction)
- Pendulums
- Elbow and wrist AROM
- Grip strengthening
- Self-PROM: Only performed if patient demonstrates good form
 - Supine forward elevation: Patient uses uninvolved extremity to lift involved extremity per ROM guidelines
 - Supine external rotation: Cane-assisted, per ROM guidelines
- Core stabilization program (weeks 3-4)
- Sub-max shoulder isometrics in neutral rotation (week 3)
- Initiate scapular strengthening (weeks 3-4)
- Horizontal adduction ROM (weeks 5-6)
- Theraband (yellow) ER/IR in 0° abduction (weeks 5-6)
- Begin light, pain-free AROM once out of sling

Recommended HEP:

- *If the patient cannot demonstrate correct performance of these exercises in the clinic, they should not be performed at home*
- Perform 5 times daily
 - Self-PROM
 - Forward elevation: 10 second holds x 5 reps
 - External rotation: 10 second holds x 5 reps
 - Horizontal adduction (week 5): Hold if anterior shoulder pain occurs
 - Scapular retraction/depression
 - Cervical ROM as needed
 - Elbow/wrist AROM

Criteria for Progression to Phase II:

- Forward elevation PROM: 145°
- External rotation PROM: 45°
- Satisfactory clinical exam

Phase II: Intermediate Phase

Weeks 7 to 14

Formal Physical Therapy:

- Most patients will schedule 2 times a week until full AROM is achieved without scapular compensation
- Progression into Phase II activities is delayed if the patient is stiff (defined as not meeting Phase II progression criteria)

Goals:

- Gradually restore full ROM (week 10)
- Preserve integrity of the repair
- Restore muscular strength and balance
- Enhance neuromuscular control

Precautions:

- No excessive stretching or sudden motion
- No heavy lifting (≤ 5 pounds)

Physical Therapy Treatment:

Weeks 7 to 9

- Continue Phase I exercises/treatments as appropriate
- Continue PROM as needed
- AAROM to AROM progression
 - Begin AROM side-lying, supine, and prone. Progress to standing as tolerated
 - Forward elevation: to 160°
 - IR at 90° abduction: to 70-75°
 - ER at 90° abduction:
 - Week 7: to 70-80°
 - Weeks 8-9: to 90°
- Sub-max rhythmic stabilization
- Continue to progress isometric strengthening program and PNF

Weeks 10 to 14

- May initiate slightly more aggressive strengthening
- Continue stretching exercises
- Progress ROM to functional demands
- Progress to light isotonic strengthening

Recommended HEP:

- Continue Phase I and II exercises as appropriate
- Add AROM exercises 2-3 times a day

Criteria for Progression to Phase III:

- Full, pain-free AROM without scapular compensation
- Satisfactory stability
- Good strength
- No pain or tenderness
- Satisfactory clinical exam

Phase III: Minimal Protection Phase

Weeks 15 to 20

Formal Physical Therapy:

- Most patients will be seen 1 time a week for 2 to 4 visits to assure independence with a long-term program
- If the patient is behind schedule, continue PT 2 times a week as needed
- Discharge to HEP once patient demonstrates good form with functional activities

Goals:

- Improve strength, power, and endurance
- Maintenance of full ROM
- Gradual return to functional activities

Precautions:

- No overhead lifting where the object/weight goes behind the head
 - Keep objects/weights in front of body where you can see them

Physical Therapy Treatment:

Weeks 15 to 18

- Continue with appropriate Phase I and II exercises/treatments as appropriate
- Continue strengthening exercises
 - Thrower's 10 or fundamental exercises
 - PNF
 - Endurance training
 - Restricted sport activities (e.g. light swimming, half golf swings)
- Initiate interval sport program, e.g. throwing (weeks 16-18)

Weeks 18 to 20

- Continue all above exercises as appropriate
- Progress interval sport program

Recommended HEP:

- Continue Phase I, II and III exercises as needed
- Begin home strengthening Theraband program 1 time daily

Criteria for Progression to Phase IV:

- Full, pain-free ROM
- Satisfactory static stability
- Muscular strength: $\geq 75\%$ of contralateral side
- No pain or tenderness

Phase IV: Advanced Strengthening/Return to Activity Phase

Week 21 onward

Formal Physical Therapy:

- Formal physical therapy has concluded
- The patient will be instructed on which exercises to continue and how to progress

Goals:

- Enhance muscular strength, power, and endurance
- Progress functional activities
- Maintain shoulder mobility
- Gradual return to sport activities (months 6+)

Precautions:

- Progress weight training gradually if returning to a progressive weight-training program. The following exercises should be avoided:
 - Pull downs (behind the neck)
 - Shoulder presses (behind the neck)
 - Wide-grip bench press
 - Shoulder lateral raises
 - Overhead triceps press
- No contact sports for ≥ 6 months post-op
- No throwing or overhead athletic activities for 5-6 months (determined by surgeon)

Recommended HEP:

- Continue Phase I, II, III and IV exercises as appropriate
- Continue flexibility exercises
- Continue strengthening exercises
- Neuromuscular control drills
- Plyometric strengthening
- Progress interval sport programs