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## **Arthroscopic (Bankart) Posterior Stabilization Post-Operative Protocol**

### **Stage 1 (POD 1- week 2) and Precautions**

1. Patient immobilized in sling 2-4 weeks (usually a padded or Ultrasling)
2. Sling DC'd by physician and/or rehab team
3. Avoid 90/90 Adduction, IR, and Horz. Adduction position for 10 weeks post-op.
4. No PROM or Stretching for 12 weeks
5. Patient performing HEP: Pendulums, elbow and wrist AROM, and cervical ROM exercises

### **Stage 1 progression:**

- A. AROM abduction to 90 degrees
- B. ER to 5 at 0 degrees of abduction (in scapular plane)
- C. ER to 20 degrees at 30-45 degrees abduction by week 3
- D. Shoulder isometrics in all directions in neutral position  
-submaximal contraction (manual and wall for resistance barriers)
- E. Elbow, wrist, and hand (gripping ex's) PRE's and ROM
- F. Scapular exercises (sidelying scap faciliatation, sternal lifts, and shoulder dumping)
- G. Closed kinetic chain exercises (CKC- e.g. table wash standing)
- H. Cryotherapy and modalities PRN

### **Stage 2 (1-4 months)**

1. **Light strengthening (4-8 weeks)**
  - A. Cryotherapy and Modalities continued for pain reduction
  - B. ROM: AROM only continued for all directions: abduction 45 degrees by 6-8 weeks, IR at 0 degrees abduction and adduction to stomach, and ER within tolerance
  - C. Cane and Pulley
  - D. NO Excessive IR  
-AROM in supine
  - E. Grade 1 joint mob's for pain
  - F. Strengthening: Continue isometrics, 6 weeks ER and IR cuff weight motions without weight (sidelying)
  - E. CKC ex's (vertical wall wash and table wall wash)
  - F. Proprioceptive training: baps, wobble board, etc.
  - G. Scapular and GH stabilization ex's/ Rythmic stab's at 0 (RS's)
  - H. Initiate stretching 6-8 weeks

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I. Stabilization program: 4 point, wt. shifts, etc.

**2. Isotonics (8-12 weeks)**

- A. Cryotherapy and modalities as needed
- B. AAROM: flexion, abduction, IR, and ER to tolerance
- C. Strengthening: Initiate tubing punch, ER and abduction.  
Progress light resistance to PRE's, gradually increasing weight as tolerated (can progress ER to 45-50 degrees), IR, and abduction
- D. Initiate Bicep, tricep,
- E. Stabilization program: 3 point, ball walkouts, push-up position step up/down walk, UE stairmaster walk, etc.

Goals:

Full ROM by week 8  
Improve strength  
Neuromuscular control

**Stage 3 (8-12 weeks)**

Criteria for Phase 3:

Full pain-free ROM  
No pain  
Strength 80% to contralateral side

- A. need 90 degrees or more)
- B. AROM and AAROM as needed
- C. PROM and Capsular stretching as needed to get end ranges at 12 weeks
- D. Strengthening: Continue to increase weight as tolerated, progress overhead PRE's, progress to 90/90 unsupported strengthening if needed, and etc.
- E. PNF
- F. ADL and Work training as appropriate

**Stage 4 Functional Training/Return to Sport**

- A. Plyometric training
- B. Return to throwing program (toss to interval progression) by 4-5months post-op
- C. Upper Extremity Endurance training

**Criteria for DC:**

- 1. ROM WNL as per functional demand
- 2. Strength WNL as per functional demand

Revised: 4/29/04