

Anterior Instability (Labrum/Bankart) Repair Protocol

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Phase I: (0-2 weeks)

Goals:

- ➤ Protect surgery
- ➤ Decrease pain and inflammation
- ➤ Initiate safe ROM while protecting anterior capsule
- > Patient education
- ➤ Sling on at all times except during hygiene and gentle exercises.

Plan:

- > PROM limited to 90° of flexion and abduction, avoid ER and extension first 2 weeks
- Elbow and wrist ROM, shoulder shrugs, squeeze stress ball as much as possible
- ➤ Modalities PRN
- > Pendulum and scapular activities
- ➤ Light isometric activity
- ➤ Light resisted activity to wrist

Phase II: (3-6 weeks)

Goals:

- > Decrease pain and inflammation
- ➤ Plan to wean sling after 5 weeks
- > Avoid stretch of anterior capsule
- ➤ Achieve 60-80% of full ROM of flexion, extension and IR
 ****This DOES NOT include abduction/ER*****

Plan:

- ➤ Begin increasing forward elevation (flexion in scapular plane) beyond 90°
- > Joint mobilization: avoid aggressive mobs/avoid inferior and anterior; external rotation directions
- ➤ Use caution when performing passive ROM into abduction with ER and IR to not stress healing capsule
- > PROM and AAROM
- > Aquatic Therapy
- > Gentle rotator cuff strengthening (ER to neutral)
- **Check with physician on rotation limitations**



Phase III: (6-12 weeks)

Goals:

- Weeks 6-8 gentle increase in ROM, then weeks 8-12 progress **gently** as tolerated without stressing anterior capsule with goal of about 80-90% full ROM by 12 weeks.
 - EXCEPT ABDUCTION/EXTERNAL ROTATION (very gentle with motion in this direction with NO force, but OK with achieving 80% normal ROM by 12 weeks if not stressing capsule.
- ➤ Good scapulo-humeral rhythm
- > 75% normal strength by week 12

Plan:

> PROM

**NO FORCE IN ABDUCTION/EXTERNAL ROTATION

- > Joint mobilization
- > Begin machine weighted exercise
 - o Keep all strengthening exercises before horizontal plane in this phase
- > Progressive rotator cuff strengthening
- Resistive exercises for scapular stabilization, biceps, triceps
- > Gentle PNF, eccentric cuff strengthening towards end of phase
- ➤ Biodex training if requested by M.D.

Phase IV: (12-16 weeks)

Goals:

- ➤ Gradual return to full AROM (gentle with abduction, ER continue NO FORCE)
- ➤ Good scapulo-humeral rhythm
- > 80-90% normal strength

Plan:

> PROM (full range; ER near full-range):

**NO FORCE IN ABDUCTION/EXTERNAL ROTATION

- ➤ Joint mobilization
- ➤ Advance Phase III activities
- Emphasize ER and latissimus eccentrics, glenohumeral stabilization
- > Begin muscle endurance activities
- > Cycling/running may begin at 12 weeks



Phase V: (16 – 24+ weeks)

Goals:

- Maximum ROM (careful not to overly stress abduction/ER. May gently increase, but OK to not achieve 100% compared to contralateral goal is 90%, unless thrower, then may progress carefully)
- > Increase strength
- ➤ More aggressive scapular stabilization and eccentric strengthening
- > Plyometrics, throwing/racquet program
- > Continue endurance training
- > Return patient to sport/activity

Plan:

- > Continue with progressive resistive exercises
- ➤ Continue with machine weighted program
- > Sport Specific Training