Altru Advanced Orthopedics

Arthroscopic Anterior Capsulorrhaphy/Bankart Repair Protocols

The intent of this protocol is to provide the therapist with a guideline for the post-op rehab of a patient who has had an arthroscopic anterior capsulorrhaphy/Bankart repair for shoulder instability. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient’s rehab. The actual therapy plan of care must be based on the mechanism of injury, surgical approach, physical exam and findings, individual progress, any post-op complications, and/or co-morbidities. If a therapist needs assistance or has questions regarding the progression of a patient post surgically they should consult the referring surgeon.

• If associated **biceps tenodesis** follow biceps precautions:
  o No passive or active abduction or 90/90 ER until 4 weeks
  o No resisted elbow flexion and forearm supination for 6 weeks
  o Gradual progression of AROM to strengthening after 6 weeks post-op

**PHASE I: Weeks 0-3**

Precautions:

• No ER past 30º for 6 weeks.
• Avoid abduction and ER activity to avoid anterior inferior capsule stress
• No lifting with operative shoulder

Goals:

• Maintain ROM of uninvolved joints
• Decrease pain and inflammation
• 90º of flexion by 4 weeks

Immobilization:

• Sling for 4-6 weeks post-op
• Exceptions: dressing, showering, exercises as instructed by PT, occasional keyboard work

Therapeutic Exercise:

1. PROM
   • Flexion: Progress 30º/week, to a max of 90º by 4 weeks
   • Scaption to 30-60º
   • ER/IR with arm in neutral to 20º abduction
     • ER to 5-10º
     • IR to 45º
   • Pendulum: emphasize passive motion
2. AAROM (start at 2 weeks post-op)
- Flexion: progress 30º/week, to a max of 90º by 4 weeks
- No active ER, extension, abduction, or scaption

3. AROM: Initiate when scapular control is good
- Flexion up to 90º by 4 weeks
- Maintain full AROM of elbow, wrist, hand
- Small movement PNF of scapula

4. Isometrics: submaximal, neutral position ER, abduction, flexion, extension
- IR and adduction begin at 6 weeks
- Working up to 30 reps as tolerated

5. By week 2-3: pain free scapular motion, with emphasis on thoracic extension to facilitate scapular retraction and depression
6. Axially loaded exercises such as ball rolls on table

Modalities:
- Cryotherapy PRN
- NMES PRN

Goals to Achieve for ROM by 3-4 weeks post-op:

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<td>Flexion</td>
<td>0-90º</td>
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<tr>
<td>Scaption</td>
<td>0-60º</td>
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<td>Abduction</td>
<td>0-45º</td>
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<td>ER at 0º to 20º of ABD</td>
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<td>IR at 0º to 20º of ABD</td>
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**PHASE II: 4-6 Weeks**

Precautions:
- No ER past 30º for 6 weeks
- No lifting with operative shoulder

Goals:
- Maintain ROM of uninvolved joints
- Gradually restore full PROM of shoulder
- Gradually increase strength

Immobilization:
- D/C sling at 4 weeks post-op

Therapeutic Exercise:
2. PROM
   - Progress flexion to 140-150º
• Progress ER up to 30° by 6 weeks in neutral to 45° of abduction

3. AAROM/AROM
• Progress flexion to 150° with good scapular control
• Progress ER up to 30° by 6 weeks

4. Strengthening
• Isometrics: submaximal, neutral position IR and adduction begin at 6 weeks
  • Working up to 30 reps as tolerated
• Short arc flex and abduction 0-45°
  • Start supine or reclined and progress to seated and standing
• Extension: 0-45°
• Bicep/tricep isometrics, progress to isotonic
• IR/ER from sling position to neutral
  • Begin with light Therabands/tubing

5. Closed chain rhythmic stabilization, weight shifts, balance devices, push-ups, etc.
• Progress elevation as tolerated in recommended ROM

Modalities:
• Cryotherapy PRN
• NMES PRN

**Goals to Achieve for ROM by 5-6 weeks post-op:**

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<tbody>
<tr>
<td>Flexion</td>
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<td>Scaption</td>
<td>As tolerated</td>
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<td>Abduction</td>
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<td>ER at 0° to 45° of ABD</td>
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<tr>
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<td>As tolerated</td>
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<td>Extension</td>
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**PHASE III: Weeks 7-9**

Precautions:
• Avoid strengthening activities that place stress on anterior shoulder in abducted position with ER (no push-ups, pec flys, bench-press ext.)

Goals:
• Patient will have full AROM with good scapulohumeral rhythm
• Continue with stretching as needed
• Independent with ADLs
• Progress strength and endurance

Therapeutic Exercise:

1. ROM
  • Gradually progress PROM – AROM to full
ER should be within 10-15° of opposite side (may not achieve full AROM)

2. Stretching
   - Posterior capsule stretches
   - Sleeper posterior capsular stretch for IR deficit
   - Pec stretching

3. Strengthening
   - Gradually progress IR and ER isotonic strengthening
   - PNF strengthening
   - UBE at 7 weeks- low resistance at a comfortable pace
   - May allow beginning level plyoball below shoulder height at 5-10 weeks, 2-1 hands

4. Advance closed chain activities as tolerated

Modalities:
   - Cryotherapy PRN
   - NMES PRN

**PHASE IV: Weeks 10-14**

Precautions:
   - Avoid strengthening activities that place stress on anterior shoulder in abducted position with ER (no push-ups, pec flys, bench-press, lat pull bringing bar behind head, etc.)
   - Avoid stressing the anterior capsule with aggressive overhead strengthening
   - Avoid contact sports/activities

Goals:
   - Full nonpainful AROM
   - Improve muscle strength and endurance
   - Gradually progress activities towards full functional activities

Therapeutic Exercise:

1. ROM
   - Shoulder flexion to 160-180°
   - Shoulder ER 80-90° in 90° of abduction
     - ½ of normal side by 12 weeks post op
     - Unless dominant arm in a throwing athlete, then more ER is allowed
   - Shoulder IR 75-85° in 90° of abduction

2. Stretching:
   - Sleeper posterior capsular stretch for IR deficit
   - ER stretch at 10 weeks

3. Initiate strength exercise for abduction, supraspinatus

4. In front of body, below shoulder height, in 0° ER:
   - Light medicine ball
- Wall dribble – 2 hands to 1 hand
- ER wall dribble

5. Rhythmic stabilization – closed chain with hand on ball progressing to open chain activities in multiple planes of movement
6. Jog at 12 weeks

**PHASE V: Weeks 15-18**

Precautions:
- Avoid strengthening activities that place stress on anterior shoulder in abducted position with ER
  - No pec/dumbbell flys bringing arm past neutral extension at the shoulder
  - No bench-press with bringing the bar down to your chest
  - No lat pull downs bringing bar behind head
- Avoid stressing the anterior capsule with aggressive overhead strengthening
- No throwing or overhead athletic activities until 16 weeks post-op

Goals:
- Maintain full nonpainful AROM
- Improve strength, endurance, and power
- Progress toward return to work activities, recreational activities, sport activities

Therapeutic Exercise:

1. ROM
   - Continue stretching exercises to maintain full ROM/flexibility
2. Progress strengthening
   - Free weights (limit depth of bench press to elbows not moving back past trunk, avoid behind neck presses and pull downs)
   - Plyometric strengthening: weighted ball Rebounder throws
   - Closed Chain Activities: table push-ups, quadruped rhythmic stabilization, steps on block
3. Recreational and Sport Activities:
   - Ball toss
   - Gentle swimming program
   - Racquet swings
   - Half golf swings

**PHASE VI: 18 WEEKS - 6 Months**

Precautions:
- Avoid strengthening activities that place stress on anterior shoulder in abducted position with ER
  - No pec/dumbbell flys bringing arm past neutral extension at the shoulder
  - No bench-press with bringing the bar down to your chest
  - No lat pull downs bringing bar behind head
- Avoid stressing the anterior capsule with aggressive overhead strengthening
- Caution with throwing or overhead athletic activities

Goals:
- Maintain shoulder mobility
- Improve strength, endurance and power
- Gradual return to work activities, recreational activities, sport activities

Therapeutic Exercise:
1. ROM
   - Continue stretching/flexibility exercises
2. Strengthening
   - Isokinetics ER/IR (90/90 positioning)
   - Free weights
   - Progress scapular and RTC core exercises
   - Sport/work specific activities
3. Recreational/Sport Activities
   - Begin interval throwing program
   - Racquet and club swings
   - Begin contact and collision sports

**PHASE VII: 6+ Months**

Precautions:
- Use caution with strengthening activities that place stress on anterior shoulder in abducted position with ER
  - Avoid pec/dumbbell flys bringing arm past neutral extension at the shoulder
  - Avoid bench-press with bringing the bar down to your chest
  - Avoid lat pull downs bringing bar behind head
  - Avoid lateral raise machine and standing lateral deltoid raises
  - Avoid dips and triceps press overhead
  - Avoid pullovers

Goals:
- Return to full function
- Return to all work activities, recreational activities, sport activities
- Maintain strength, mobility, and stability

Therapeutic Exercise:
1. Strength:
   - Unlimited weight lifting with exceptions (listed above)
2. Contact and collision sports if cleared by your surgeon

**Criteria to return to recreational and sport activities:**
- Surgeon permission
- Pain free shoulder function without instability
- Adequate ROM for activity
- Full strength vs opposite UE