OLYMPIA ORTHOPAEDIC ASSOCIATES PLLC
Your Life in Motion

POST-OPERATIVE ANTERIOR LABRAL/BANKHART REPAIR PROTOCOL

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The following protocol is intended as a guide for post-operative anterior labral/Bankhart repair rehabilitation. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

Protection Phase
Goals

1. **Protect healing repair**
2. **Decrease pain and swelling**
3. **Gradually improve PROM within set limits**
4. **Preserve strength of the elbow, wrist and hand**

Post-Op Visit # 1:

1. Dressing change/check surgical wound
2. Pendulums
3. Elbow flexion/extension
4. Wrist flexion/extension
5. Towel/ball squeezes
6. Scapular squeezes

Post-Op Visit # 2:

1. Initiate PROM
    a. Limit ER to 30 degrees in scapular plane
    b. IR to tolerance in scapular plane
    c. Flexion to tolerance
    d. Limit abduction to 90 degrees
2. Review HEP

2 Weeks

1. Limit ER to 45 degrees at 45 degrees of abduction
   Goal of forward flexion and abduction to 120 degrees
   Goal of IR to 30 degrees at 90 degrees of abduction

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2. Continue PROM to above limits
3. Initiate bicep & triceps strengthening
4. Continue with HEP

Controlled Strengthening Phase
Goals:

1. **Protect healing repair**
2. **Begin to strengthen periscapular muscles**
3. **Initiate AAROM**
4. **Continue to gradually increased PROM**

4 Weeks

1. Limit ER to 45 degrees at 90 degrees of abduction
   Goal of forward flexion and abduction to 140 degrees
   Goal of IR to 45 degrees at 90 degrees of abduction
2. Continue progressive PROM to above limits
3. Discharge sling 4-6 weeks per MD
4. Initiate AAROM (i.e. UBE, pulleys, table slides)
5. Progress HEP as appropriate
6. Continue with modalities to decrease pain and swelling
7. Initiate isometric scapular proprioceptive exercises with shoulder in neutral rotation (i.e. core scapular squeezes, low rows, scapular depressions, etc.)

6 Weeks

1. Limit ER to 60 degrees at 90 degrees of abduction
   Goal of forward flexion and abduction to 160 degrees
   IR to 50 degrees at 90 degrees of abduction
2. Initiate manual stretching and joint mobilities within ROM limits as indicated avoiding painful stretching
3. Continue with UBE – increase use of affected side
4. Continue with pulleys
5. Progress scapular proprioceptive exercises to PRE (t-band, dumbbell resistance)
6. Initiate scapular proprioceptive exercises with varying degrees of shoulder IR/ER (i.e. robbery)
7. AROM exercises (SL ER, prone flexion, prone horizontal abduction with palm down, flexion in the scapular plane)

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8. Stabilization exercises (Body blade, WB stabilization exercises, rhythmic stabilization, etc.)

Strengthening Phase
Goals:

1. **Protect repair**
2. **Progress strengthening of scapular muscles; initiate strengthening of rotator cuff muscles**
3. **Progress AAROM and AROM**
4. **Increase PROM**

8 Weeks

1. Full ROM with flexion, abduction and IR, equal to the unaffected side
2. Goal of ER to 75 degrees at 90 degrees of abduction
3. Initiate t-band IR/ER
4. Progress SL ER to PRE
5. Continue to progress AROM exercises (prone horizontal abduction with thumb up, UE PNF)

Advanced Strengthening
Phase Goals:

1. **Progress strengthening**
2. **Continue to increase ER ROM**
3. **Initiate functional strengthening**
4. **Begin functional training (return to sport or work) when appropriate**

10 Weeks +

1. Full external rotation to the unaffected side
2. Continue with rotator cuff and scapular PREs
3. Progress single arm prone exercises to blackburns
4. Gradually return the patient to pre-morbid activity level

Return to work/sports per MD recommendation. Patient must have full ROM and 5/5 strength in all planes to be considered for return to sports and jobs requiring manual labor/lifting.

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