

ARTHROSCOPIC BANKART REPAIR

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POST-OP DAYS 1-7

Sling for 4 weeks, even while sleeping. Place a pillow under arm for comfort when sleeping.

Elbow and wrist AROM exercises with shoulder in neutral position at side.

Scapular retraction without resistance.

Ice pack for swelling and pain control. Pain meds as prescribed.

Goal - Pain control and protection.

<u>WEEKS 1 – 6</u>

Continue appropriate previous exercises.

AROM - flexion to 90 degrees.

- External rotation to neutral.

WEEKS 6 - 9

Continue appropriate previous exercises.

AAROM (pulleys, wall climbs, doorway stretches through full range as tolerated.

AROM through full range as tolerated

Isometric strengthening then progressing to isotonic. (theraband)

Theraband - ER and IR with arm at side and towel at elbow

- Flexion to 60 degrees
- Abduction to 60 degrees
- Scaption to 60 degrees
- Extension to 30 degrees

Scapular Stabilization - Standing rows with theraband.

- Prone arm lifts with light weight
- Ball on the wall (arcs and Alphabet)
- BAPS on hands
- Push-up progression wall to table (no elbow flexion >90 degrees)
- UBE forward and backward with low resistance.

Goal - Full AROM

<u>WEEKS 9 – 12</u>

Continue appropriate exercises with increased resistance as tolerated.

PROM / mobilization as needed to achieve full ROM.

Push-up progression – Table to chair (no elbow flexion > 90 degrees).

Ball toss with light ball.

Goal - Equal rotator cuff strength.

MONTHS 3-4

Ball toss overhead with 50% effort.

Push-ups (on floor) no elbow flexion > 90 degrees.

Weight training with light resistance.

- No overhead press or pull-downs behind head.
- No elbow flexion > 90 degrees with bench, dips etc.



MONTHS 4 - 6

Gradual progression of distance and speed for throwing sports. Swimming.

Progressive weight training.

- no elbow flexion > 90 degrees.

Goal – Return to all activities but **NO CONTACT SPORTS FOR 6 MONTHS POST-OP.**

This protocol provides the clinician with general guidelines for the rehabilitation of the patient following arthroscopic anterior capsulolabral reconstruction.

Questions regarding the progress of a specific patient are encouraged, and should be directed to Twin Cities Orthopedic Rehabilitation Department at 952442-8201 or at