

ANTERIOR INSTABILITY

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Bankart repair with or without remplissage, or bone block stabilization

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



Sai Tummala, MD

Orthopaedic Surgery and Sports Medicine

Stanford Medicine

6121 Hollis St, Suite 900, Emeryville, CA 94608 · Office 510-974-2800 · Fax 510-806-2633

	WEEKS 1-4: PROM → AAROM → AROM	WEEKS 4-8: AROM	WEEKS 8-12
Forward flexion	Max 90° <i>As tolerated</i>	160° <i>Increase as tolerated</i>	Full ROM <i>Gentle end-range stretch</i>
External rotation at side	Max 20° <i>As tolerated</i>	45° <i>Increase as tolerated</i>	Full ROM <i>Gentle end-range stretch</i>
Abduction	Max 45° <i>As tolerated</i>	160° <i>Increase as tolerated</i>	Full ROM <i>Gentle end-range stretch</i>
Internal rotation	To stomach	Behind back to waist	Full ROM
Cross-body adduction	None	From 6 weeks	As tolerated

SUMMARY

Sling	4 weeks at all times, except for exercises and personal grooming.
Motion	PROM → AAROM → AROM as tolerated within the limits above from week 1. No cross-body adduction until 6 weeks.
Strengthening	Isometrics in the sling from week 1. Isometrics and light bands within AROM limits from week 4. Light weights (1 to 5 lb) from week 8. Eccentrics, plyometrics, and closed chain exercises at 12 weeks.
Return to sport	Sport-related rehabilitation from 3 months. Throwing at 4½ months, from the mound at 6 months. Contact sports at 6 to 9 months.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0–1

- Home exercise program given after surgery: pendulums, ROM of the elbow, wrist, and hand, and grip strengthening.
- Sling at all times, except for exercises and personal grooming.

WEEKS 1–4

- **Restrict motion** to 90° forward flexion, 20° external rotation at the side, internal rotation to the stomach, and 45° abduction. PROM → AAROM → AROM as tolerated.
- **No cross-body adduction until 6 weeks.**
- Isometrics in the sling.
- Sling for 4 weeks.

WEEKS 4–8

- Discontinue the sling at week 4.
- Increase AROM: 160° forward flexion, 45° external rotation at the side, 160° abduction, internal rotation behind the back to the waist.
- Strengthening (isometrics, light bands) within AROM limits. Horizontal abduction exercises.
- Begin strengthening the scapular stabilizers (trapezius, rhomboids, levator scapulae).
- Pulleys and canes may be used from week 7.
- No manipulations by the therapist.

WEEKS 8–12

- Increase ROM to within 20° of the opposite side. If ROM is lacking, increase to full with gentle passive stretching at end ranges.
- Encourage the patient to work on ROM daily. No manipulations by the therapist.
- Advance strengthening as tolerated: isometrics, then bands, then light weights (1 to 5 lb).
- 2 to 3 sets of 8 to 12 for the rotator cuff, deltoid, and scapular stabilizers.

MONTHS 3–12

- Strengthen only 3 times a week to avoid rotator cuff tendinitis.
- Begin upper body ergometer.
- Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade), and closed chain exercises at 12 weeks.
- Begin sport-related rehabilitation at 3 months, including advanced conditioning.
- Return to throwing at 4½ months. Throwing from the pitcher's mound at 6 months.
- Contact sports at 6 to 9 months.

CRITERIA TO DISCHARGE FROM THERAPY

- Full active ROM compared with the uninvolved side.
- Pain-free activities of daily living.
- Shoulder strength above 80% of the uninvolved side by handheld dynamometer.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Active ROM: elbow, wrist, and hand														
Pendulums														
Grip strengthening														
PROM → AAROM → AROM within limits														
Isometrics in the sling														
Maintain sling														
Advanced Exercises														
AROM to 160° flexion, 45° external rotation														
Isometrics and light bands within AROM limits														
Scapular stabilizer strengthening														
Cross-body adduction allowed														
Pulleys and canes														
Light weights (1 to 5 lb)														
Upper body ergometer														
Eccentrics, plyometrics, proprioception, closed chain														
Sport-related rehabilitation														
Cardiovascular Exercises														
Bike														
Elliptical trainer														
Stair stepper														
Rowing														
Agility Exercises														
Running progression														
Functional sports test														
High-Level Activities														
Golf progression														
Return to throwing at 4½ months														
Throwing from the mound at 6 months														
Contact sports at 6 to 9 months														

Motion stays within the week 1 to 4 limits until week 4. No cross-body adduction until week 6.

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.