

**ARTHROSCOPIC ANTERIOR GLENOHUMERAL STABILIZATION
(MODIFIED BANKART RECONSTRUCTION)****Phase 1: Immediate postoperative phase: Restrictive motion****Goals**

- Protect the surgical repair
- Minimize the negative effects of immobilization
- Promote dynamic stability
- Diminish pain and inflammation

Weeks 0-2

- ***Sling for comfort/protection during day for 6 wks***
- No active external rotation, extension, or abduction
- Sling at night
- Elbow/hand ROM
- Hand gripping exercises
- Supine passive and gentle active-assisted ROM
 - FE to 60°
 - Abduction scapular plane to 50°
 - External and internal rotation with arm in 20° abduction
 - ER to 10°
 - IR to 30°
- Submaximal isometrics for shoulder musculature
- Cryotherapy, modalities as indicated

Weeks 3-4

- ***Sling for comfort/protection during day.***
- Must wear sling for sleep.
- Continue other above.
- Gradually progress supine passive ROM and upright AAROM. Begin exercise regimen supine and progress to upright position within patient tolerance.
 - 60 → 90° FE
 - 50 → 75° Abduction scapular plane
 - In 20° abduction:
 - ER to 15-20°
 - IR to 40-50°

- Note: Rate of progression based on evaluation of the patient
- No active external rotation, extension, or elevation
- Continue isometrics and rhythmic stabilization (submaximal)
- Continue use of cryotherapy prn

Weeks 5-6

- ***Sling for comfort/protection during day.***
- Must wear sling for sleep.
- Continue supine PROM and upright AAROM to following limits:
 - 140 → 160° FE
 - 30 → 50° ER arm at side
 - 50 → 70° Abduction scapular plane
- Continue rhythmic stabilization
- Continue isotonic strengthening with exception of subscapularis
- Continue dynamic stabilization exercises.

Phase II: Intermediate phase: Moderate protection

Goals

- Re-establish full ROM.
- Preserve the integrity of the surgical repair
- Restore muscular strength and balance

Weeks 7-9

- Gradually progress ROM
 - Flexion to 160°
 - External rotation at 90° abduction: 70-75°
 - Internal rotation at 90° abduction: 70-75°
- Continue to progress isotonic strengthening program
- Continue PNF strengthening

Weeks 10-14

- May initiate slightly more aggressive strengthening
- Progress isotonic strengthening exercises
- Continue all stretching exercises
- Progress ROM to functional demands (i.e., overhead athlete)

Phase III: Minimal protection

Criteria for progression to phase III

- Full nonpainful ROM
- Satisfactory stability
- Good muscular strength
- No pain or tenderness

Goals

- Establish and maintain full ROM
- Improve muscular strength, power, and endurance
- Gradually initiate functional activities

Weeks 15-18

- Continue all stretching exercises (capsular stretches)
- Continue strengthening exercises
 - Thrower's ten program or fundamental exercise
 - PNF manual resistance
 - Endurance training
 - Initiate light plyometric program
 - Restricted sport activities (light swimming, half golf swings)

Weeks 18-21

- Continue all exercises listed above
- Continue and progress all interval sport program (throwing, etc.)

Phase IV: Advanced strengthening

Criteria for progression to phase IV:

- Full nonpainful ROM
- Satisfactory stability
- Muscular strength 75-80% contralateral side
- No pain or tenderness

Goals

- Enhance muscular strength, power, and endurance
- Progress functional activities
- Maintain shoulder mobility

Weeks 22-24

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual resistance patterns
- Plyometric strengthening
- Progress interval sport programs

Phase V: Return to activity phase (Months 5-9)

Criteria for progression to phase V

- Full functional ROM

- Satisfactory shoulder stability
- No pain or tenderness

Goals

- Gradual return to sport activities
- Maintain strength, mobility, and stability

Exercises

- Gradually progress sport activities to unrestrictive participation
- Continue stretching and strengthening program

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

REFERENCE:

Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.