



PROCEDURE: SHOULDER ARTHROSCOPY WITH ANTERIOR- INFERIOR (BANKART) LABRAL REPAIR

***Please note:** This document is intended to provide guidelines for the postoperative rehabilitation of a patient who had undergone an isolated arthroscopic labral repair of the shoulder. The presence of other repairs such as a rotator cuff repair would require a different rehabilitation protocol. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation. When available, please refer to the operative note for further subtleties of the anticipated postoperative rehabilitation.*

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- **Remain in shoulder immobilizer for 6 weeks with immediate elbow, wrist, and finger ROM as tolerated.**
- **NO SHOULDER ROM for the first 4 weeks postoperatively.**
- **Weeks 4 and 5, may begin gentle shoulder pendulums.**
- **After 6 weeks, sling removed and begin progressive PROM and AROM with a therapist**
- **At 3 months, shoulder strengthening can begin**

PHASE I – IMMEDIATE POST SURGICAL PHASE (Day 1-21):

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:

- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress (forward arm flexion)

- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No lifting of objects with operative shoulder or arm
- Keep incisions clean and dry

Weeks 1-3:

- NO SHOULDER RANGE OF MOTION
- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep in sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.

PHASE II – PROTECTION PHASE (Weeks 4 and 5):

Goals:

- Reintroduce ROM of shoulder
- Do not overstress healing tissue

Precautions:

- Encourage gentle shoulder ROM
- No formal PROM/AROM or lifting

Weeks 4-5

- Continue use of sling until week 6
- Gentle pendulums can be started at week 4
- Rotator cuff isometrics in neutral
- Continue cryotherapy as needed
- Continue all precautions and joint protection

PHASE III – RANGE OF MOTION (Weeks 6 and 7):

Goals:

- Begin PROM and AROM
- Independence with ADL's
- Enhance strength and endurance

Precautions:

- Wean from Sling

- No aggressive ROM / stretching
- No lifting with affected arm
- No strengthening activities

Weeks 6 and 7

- PROM (gentle), unless otherwise noted by surgeon
- Begin AROM of shoulder
 - Progress to full AROM in gravity resisted positions
- Begin implementing more aggressive posterior capsular stretching
 - Cross arm stretch
 - Side lying internal rotation stretch
 - Posterior/inferior gleno-humeral joint mobilization
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary

PHASE IV - STRENGTHENING (Week 12 – Week 16)

Goals:

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM
- Normalize muscular strength, stability and endurance
- Gradually progressed activities with ultimate return to full functional activities

Precautions:

- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 12-16

- Continue stretching and PROM
 - All planes to tolerance.
- Continue strengthening progression program

PHASE V – RETURN TO ACTIVITY (Week 16 - Week 20)

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

Precautions:

- Do not begin throwing, or overhead athletic moves until 4 months post-op □
Weight lifting:

- Avoid wide grip bench press
- No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 12-16

- Continue progressing stretching and strengthening program
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.

Criteria to return to sports and recreational activities:

- **Surgeon clearance**
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non-operative shoulder (tested via hand held dynamometry)



EVAN A. O'DONNELL, M.D.
SPORTS MEDICINE & SHOULDER SURGEON
175 CAMBRIDGE STREET, 4th FLOOR
BOSTON, MA 02114 | 617-726-7500

