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## ANTERIOR INSTABILITY / BANKART REPAIR PHYSICAL THERAPY PROTOCOL

Name	Name Date			
Diagnosis s/p RIGHT/LEFT And	terior Labral Repair			
Date of Surgery				
Frequency:times/week	Duration:	Weeks		
Weeks 0-1: Home exercise progr	ram given post-op			
Weeks 1-4: Restrict motion to 90°FF/ 20° ER Hold cross-body adduction until 6 Isometric in sling Sling for 4 weeks Heat before/ice after PT sessions		√ 45° ABD, PROM→A	AROM→AROM as tole	erated
Weeks 4-8:  D/C sling @ week 4  Increase AROM 140°FF/ 40°ER a  Strengthening (isometrics/light bar  Also start strengthening scapular s  Physical modalities per PT discret	nds) within AROM listabilizers (traps/rhom	mitations, horizontal abo	duction exercises	
Weeks 8-12:  If ROM lacking, increase to full w Advance strengthening as tolerated deltoid, and scapular stabilizers			); 8-12 reps/2-3 set per i	rotator cuff,
Months 3-12: Only do strengthening 3x/week to Begin UE ergometer Begin eccentrically resisted motion chain exercises at 12 weeks. Begin sports related rehab at 3 mo Return to throwing at 4 months Throw from pitchers mound at 6 m MMI is usually at 12 months	ns, plyometrics (ex wonths, including advan	eighted ball toss), propr	ioception (ex body blade	e), and closed
Functional Capacity Evaluation ModalitiesElectric StimulationUltraTrigger points massageTE	asound Iontopho	resisPhonophoresi		Ice after
Signature		Date		