ANTEOR INSTABILITY / BANKART REPAIR PHYSICAL THERAPY PROTOCOL

Name_______________________________________________________ Date____________

Diagnosis s/p   RIGHT/LEFT  Anterior Labral Repair

Date of Surgery_________________________

Frequency: _______times/week   Duration: ___________ Weeks

Weeks 0-1:   Home exercise program given post-op

____Weeks 1-4:
Restrict motion to 90°FF/ 20° ER at side/ IR to stomach/ 45° ABD, PROM→AAROM→AROM as tolerated
Hold cross-body adduction until 6 weeks post-op
Isometric in sling
Sling for 4 weeks
Heat before/ice after PT sessions

____Weeks 4-8:
D/C sling @ week 4
Increase AROM 140°FF/ 40°ER at side 60°ABD/ IR behind back to waist
Strengthening (isometrics/light bands) within AROM limitations, horizontal abduction exercises
Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc.)
Physical modalities per PT discretion

____Weeks 8-12:
If ROM lacking, increase to full with gentle passive stretching at end ranges
Advance strengthening as tolerated: isometrics→bands→light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

____Months 3-12:
Only do strengthening 3x/week to avoid rotator cuff tendonitis
Begin UE ergometer
Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.
Begin sports related rehab at 3 months, including advanced conditioning
Return to throwing at 4 months
Throw from pitchers mound at 6 months
MMI is usually at 12 months

____ Functional Capacity Evaluation____ Work Hardening/Work Conditioning ___ Teach HEP
Modalities
 ___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ Heat before ___ Ice after
 ___ Trigger points massage ___ TENS ___ Therapist’s discretion

Signature__________________________________________ Date__________________