

**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, 2<sup>nd</sup> edition. SB Brotzman, KE Wilk. Mosby 2003.