POST-SURGICAL OPEN ANTERIOR GLENOHUMERAL STABILIZATION  
(MODIFIED BANKART RECONSTRUCTION WITH SUBSCAPULARIS TAKEDOWN)

Phase 1: Immediate postoperative phase

Goals
- Protect the surgical procedure
- Minimize the effects of immobilization
- Diminish pain and inflammation

Weeks 0-2
- Sling for comfort/protection during day.
- Must wear sling for sleep.
- Elbow/hand ROM.
- Gripping exercises.
- Formal physical therapy generally begins 10-14 days post surgery.
- May remove sling and allow arm to hang at side to shower.
- Supine passive and upright active assisted ROM to following limits:
  - 100º FE
  - 10º ER arm at side
  - 30º Abduction scapular plane
- Submaximal isometrics (no internal rotation, no subscapularis)
- Rhythmic stabilization
- Cryotherapy, modalities as needed.

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.
  - 100 → 140º FE
  - 10 → 30º ER arm at side
  - 30 → 50º Abduction scapular plane
- Initiate light isotonics for shoulder musculature
  - Light dumbbells for deltoid, supraspinatus, biceps, scapula
  - Continue dynamic stabilization exercises, PNF.
Weeks 5-6
Continue supine PROM and upright AAROM to following limits:
  - $140 \rightarrow 160^\circ$ FE
  - $30 \rightarrow 50^\circ$ ER arm at side
  - $50 \rightarrow 70^\circ$ Abduction scapular plane
Continue rhythmic stabilization
Continue isotonic strengthening with exception of subscapularis
Continue dynamic stabilization exercises.

Phase 2: Intermediate phase

Goals
Re-establish full ROM.
Normalize arthrokinematics
Improve muscular strength
Enhance neuromuscular control

Weeks 7-10
Progress to full ROM all planes
Continue and/or progress all stretching exercises.
  - Joint mobilization
  - Capsular stretching
  - Passive and active stretching
Isotonic strengthening for entire shoulder complex
PNF manual technique
Neuromuscular control drills
Isokinetic strengthening (with exception of subscapularis)

Weeks 10-14
Continue all flexibility exercises
Continue all strengthening exercises
May initiate light plyometric exercises
May initiate controlled swimming, golf swings, etc. when applicable
May initiate light isotonic machine weight training (weeks 12-14)

Phase 3: Advanced strengthening phase (Months 4-6)

Criteria for progression to phase 3
Full ROM
No pain or tenderness
Satisfactory stability
Strength 70-80% of contralateral side
Goals
    Enhance muscular strength, power, and endurance
    Improve muscular endurance
    Maintain mobility

Weeks 14-20
    Continue all flexibility exercises
    o Self capsular stretches (anterior, posterior, and inferior)
    o Maintain external rotation flexibility
    Continue isotonic strengthening program
    Emphasize muscular balance (external and internal rotation)
    Continue PNF manual resistance
    May initiate and continue plyometrics
    Initiate interval throwing program (physician’s approval necessary)

Weeks 20-24
    Continue all exercises listed above
    Continue and progress all interval sport program (throwing, etc.)

Phase 4: Return to activity phase (Months 5-9)

Criteria for progression to phase IV:
    Full non-painful ROM
    Satisfactory stability
    Satisfactory strength (isokinetics)
    No pain or tenderness

Goals
    Gradual return to sport activities
    Maintain strength and mobility of shoulder

Exercises
    Continue capsular stretching to maintain mobility
    Continue strengthening program
    o Either thrower’s ten or fundamental shoulder exercise program
    Return to sport participation (unrestricted)

This protocol provides you with general guidelines for the rehabilitation of the patient following open anterior modified Bankart reconstruction with subscapularis takedown.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at 952-456-7111.