

**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:
 - 100° FE
 - 10° ER arm at side
 - 30° 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 → 140° FE
 - 10 → 30° ER arm at side
 - 30 → 50° Abduction scapular plane
- Initiate light isotonic for shoulder musculature
 - Light dumbbells for deltoid, supraspinatus, biceps, scapula
 - Continue dynamic stabilization exercises, PNF.

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 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
 - Self capsular stretches (anterior, posterior, and inferior)
 - 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
 - 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**.