

**OPEN ANTERIOR GLENOHUMERAL STABILIZATION PROTOCOL
(MODIFIED BANKART RECONSTRUCTION WITH SUBSCAPULARIS TAKEDOWN)**

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

PHASE I: Immediate Postoperative Phase**Goals**

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

Weeks 0-2

- Abduction pillow sling at all times (including sleep)
 - May remove sling and allow arm at side to shower
- Elbow/hand ROM
- Gripping exercises
- Formal physical therapy generally begins 3-7 days post surgery
- 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

- Abduction pillow sling at all times (including sleep)
 - May remove sling and allow arm at side to shower
- Continue other above
- Gradually progress supine PROM 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

- Abduction pillow sling at all times (including sleep)
 - May remove sling and allow arm at side to shower
- 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

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 mobilizations
 - 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 III: Advanced strengthening phase (Months 4-6)

Criteria for progression to phase III

- 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 IV: Return to activity phase (Months 5-9)**Criteria for progression to phase IV**

- Full pain-free 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)