

OPEN ANTERIOR SHOULDER STABILIZATION (OPEN BANKART REPAIR OR GLENOID FRACTURE ORIF) PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1-2 Sessions/week Begin after 2 weeks	 Shoulder immobilizer x 6 weeks full time except hygiene and PT exercises; may remove at night after 4 weeks No AROM x 6 weeks Limit ER to passive 30 deg No active IR or extension 	 Begin PROM after 2 weeks (Goal of 135 deg FF, 120 deg Abduction, 30 deg ER by 6 weeks) 	 Elbow/wrist ROM exercises, grip Codman's, posterior capsule mobilizations, closed chain scapula exercises after 2 weeks
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	 Out of brace Avoid resisted internal rotation exercises of the shoulder until 8 weeks 	 Continue with PROM to reach full ROM and appropriate joint mobilizations Advance to AAROM/AROM at 6 weeks 	 Wands/pulleys/wall climbs Begin light resisted ER, FF, and abduction at 6 weeks Begin light resisted IR, extension, scapular retraction
PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week		Full AROM in all planes	 Progress PREs (light weight, high repetition) Focus on anterior deltoid and teres major exercises Neuromuscular and proprioceptive training Aerobic conditioning and preparation for return to work/sport and ADLs Cycling and running as tolerated

PHASE 4	- Sport and work	- Aggressive scapular
18 Weeks +		stabilization and
	specific exercises	
Sessions as		eccentric strengthening
needed		 Begin plyometric
Transition to home		exercises
exercise program		- Improve neuromuscular
1 3		control and shoulder
		proprioception
		- Advance to home
		exercise program 3
		times/week and daily
		shoulder stretching
		- Return to sport after 4-5
		months (contact sports
		after 6 months) once
		clear by MD

This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.