

GARRETT COUNTY ORTHOPAEDICS

311 North 4th Street, Suite #3

Oakland, MD 21550

301-334-1034

Fax: 301-334-3350

**Arthroscopic Anterior Labral (Bankart) Repair
and/or Anterior Capsular Plication**

PHASE I: Weeks 1 through Week 4 – PROTECTION PHASE

Goals: Protect the anatomic repair
Prevent negative effects of immobilization
Diminish pain and inflammation
Pt indep with cryotherapy use for home at least 3 x day

PT Sessions: Home program after initial visit with physical therapist

Sling: Shoulder immobilizer / abduction sling

1. Wear when walking and sleeping for 1st 4 weeks after surgery
2. Remove multiple times per day at least for home PT exercises, and for personal hygiene

Exercises:

1. Grip Strength w/ foam ball, towel, putty to squeeze repetitively
2. Hand, wrist, elbow full AROM w/ light weights (1-3 lbs.; increase as tolerated)
3. Shoulder passive pendulum exercises in sling or forearm supported
4. Assisted PROM shoulder to maximum of 45° flexion, 10° external rotation, 30° abduction; NO extension
5. Scapular retraction; gently pinch shoulder blades together for 5 sec

Aerobic Conditioning: may ride stationary bike while wearing immobilizer

PHASE II: Week 4 - 8 – EARLY STRENGTHENING & ENDURANCE

Goals: Protect the anatomic repair
Prevent negative effects of immobilization
Promote dynamic stability
Diminish pain and inflammation

PT Sessions: Directed by physical therapist

Sling: D/C shoulder immobilizer/sling at 4 weeks

Exercises:

1. Continue grip strength exercises
2. Continue hand, wrist, elbow full AROM w/ weights

3. Passive pendulums w/ elbow extended and forearm unsupported
4. Gentle Assisted PROM shoulder to full as tolerated
Patients with Flexion > 150 deg and or ER >45 deg need to be slowed down to protect the repair.
 - a. Gradually improve ROM
 - b. Flexion to 145 deg
 - c. ER at 45 deg abduction: 25-30 deg
 - d. IR at 45 deg abduction: 55-60 deg
 - e. Initiate light IR/ER at 90 deg abduction
5. Scapular retraction; gently pinch shoulder blades together for 5 sec
6. Cross chest (posterior capsule) stretch
7. Mild ADL's at or below waist level

Aerobic Conditioning: Stationary bike or treadmill

PHASE III: Week 8 - 12 – ADVANCED STRENGTHENING & ENDURANCE

Goals: Gradually restore full ROM (week 10)
Preserve the integrity of the surgical repair
Restore muscular strength and balance

PT Sessions: Directed by physical therapist

Sling: none

Exercises:

1. Continue previous grip and hand/wrist/elbow AROM exercises
2. Shoulder full PROM exercises w/o limitations; include wand/stick, pulley, towel stretch, wall climbs, assistance from opposite UE, etc...
DO NOT PUSH THROUGH ANY SHARP OR STABBING PAIN
3. Gentle shoulder active assisted range-of-motion (AAROM) exercises in all planes
4. Scapular retraction, shoulder shrugs, and postural correction
5. 5-way isometric strengthening exercise
6. Moderate ADL's from waist to shoulder; overhead activity for reaching only – no overhead strengthening

Aerobic Conditioning:

1. Stationary bike, elliptical trainer, stairmaster
2. May walk on treadmill; NO running
3. Upper body cycle up to 5 min forward and 5 min backward

Criteria for Progression to PHASE IV:

1. 90% shoulder FAROM
2. Pain-free ADL's up to shoulder height
3. Able to perform 5 min of upper body cycle w/o pain

PHASE IV: Week 12 - 16 – BASIC FUNCTIONAL PHASE

Goals: Establish and maintain full ROM
Improve muscular strength, power, and endurance
Gradually initiate functional activities

PT Sessions: Directed by physical therapist

Exercises:

1. Continue previous exercises with emphasis on full AAROM
 - a. Gradually progress ROM with Goals
 - i. Flexion to 160 deg
 - ii. ER at 90 deg abduction: 70-75 deg
 - iii. IR at 90 deg abduction: 70-75 deg
2. Shoulder AROM exercises and ADL's in all planes to fatigue
3. Resistance theraband exercises
4. 6-way isometric strengthening
5. May use 5-10 lbs. Free weights with AROM exercises
6. Start with wall push-ups; progress to push-ups on table, then to knees
7. Basic aquatic (pool) therapy if available
8. Full ADL's; lifting – progress at tolerated

Aerobic Conditioning:

1. May begin jogging self-paced in addition to bike, elliptical trainer, and stairmaster
2. Upper body cycle up to 10-15 min forward and 10-15 min backward

Criteria for Progression to PHASE V:

1. Full or nearly full shoulder AROM
2. Near full strength per manual muscle testing
3. Pain-free basic functional training exercises

PHASE V: Week 16 - 24 (6 mo) – ADVANCED FUNCTIONAL PHASE

Goals: Enhanced muscular strength, power, and endurance
Progress functional activities
Maintain shoulder mobility

PT Sessions: Directed by physical therapist

Exercises:

1. FAROM exercises to fatigue; emphasize active and passive ER
2. Gradually increase weight training to maximum; must be pain free
3. Progress from knee to military push-ups; AVOID anterior capsule stretching by not dropping below the scapular plane during each rep
4. Advanced pool therapy if available

Aerobic Conditioning:

1. Progress running prn; should be pain-free

2. Sport-specific drills prn; i.e. throwing, dribbling, catching
- **** **Throwers:**
- 6 months → may begin light throwing
 - 7 months → may throw from mound, limit velocity
 - 8 months → may do full velocity pitching

Criteria for progression to PHASE VI:

1. Full AROM equal to opposite UE (accept 5-10° loss of ER)
2. Full shoulder strength per manual testing

PHASE VI: 6 Months + – RETURN TO FULL DUTY PHASE

When rehabilitation goals are met:

1. Full shoulder AROM (accept 5-10° loss of ER)
 2. Full strength per manual and isokinetic testing
- **** **Throwers:**
- 6 months → may begin light throwing
 - 7 months → may throw from mound, limit velocity
 - 8 months → may do full velocity pitching

Todd W. Feathers, MD
Orthopaedic Surgeon