ORTHO DAKOTA™

BANKART REPAIR/ ANTERIOR CAPSULORRHAPHY REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
PHASE I **EDUCATIONAL PHASE** 1-3 EXPECTED VISITS	***Goal:*** •Discuss details encompassing anatomy, existing pathology, post-operative rehabilitation schedules, bracing protocols, and anticipated progressions in the aftermath of a surgical procedure constitutes a comprehensive and vital aspect of the overall healthcare process. Discuss the use of braces during the recovery period, detailing types, duration, and any adjustments based on the surgical procedure. ***ROM:*** •Have a discussion of Range of motion expectations through the rehabilitation progress – will be based on individual performance through every progression phase. ***Immediate Post-Operative Instructions:*** •Always wear the sling unless directed otherwise by the physician. Use it for 4-6 weeks and follow specific instructions for sleeping with a splint for 6 weeks. Remove the splint only for light activities in a controlled environment, keeping the arm by the side. Avoid getting incision sites wet for the initial 48 hours.	***Criteria:*** **1.** Enhance Range of Motion (ROM) and strength before surgery. **2.** Establish an appropriate expectation framework for post-operative rehabilitation.
PHASE II **PEAK PROTECTION PHASE** 0-2 WEEKS 4-5 EXPECTED VISITS	***Goal:*** •Sutures are typically removed at 10-14 days, as determined by the physician. It is crucial to consistently use the sling until instructed otherwise, usually around 4-6 weeks post-surgery. When sleeping, wear the immobilizer and find comfort in a reclined position with pillow support to the posterior gleno-humeral joint. Avoid carrying or lifting any objects, refrain from excessive stretching, and do not support body weight with your hands. Keep incisions clean and dry to promote proper healing. Additionally, limit active external rotation, extension, or abduction to reduce stress on the anterior gleno-humeral joint. ***ROM:*** •Wrist and hand Active Range of Motion (AROM). •Passive Range of Motion (PROM) performed by the therapist. Utilize pain control modalities as indicated, continue icing 3 times per day or more, and avoid heat until 1 week post-operation.	***Criteria:*** **1.** Implement measures to prevent post-operative complications. **2.** Minimize muscle atrophy through targeted interventions. **3.** Enhance Passive Range of Motion (PROM). **4.** Diminish pain and inflammation using appropriate strategies. **5.** Foster independence with the home exercise program.
PHASE III **SHIELDED MOBILITY PHASE** 3-5 WEEKS 6-9 EXPECTED VISITS	***Goal:*** •Avoid carrying or lifting heavy objects during the recovery period. Maintain an elevated sleeping position with the sling until you find it comfortable to transition lying flat. Continue using the sling consistently until discharged by the physician, which typically occurs around 4-6 weeks post-surgery. Take precautions to protect the anterior capsule by refraining from active movement in external rotation and extension beyond a neutral position. Steer clear of excessive external rotation, extension, or elevation to support the healing process.	***Criteria:*** **1.** Prevent negative effects of immobilization. **2.** Promote dynamic shoulder and scapular stability.

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PHASE III SHIELDED MOBILITY PHASE CONTINUED	***ROM:*** •Initiate Active-Assisted Range of Motion (AAROM) at Week 3 •Continue progressing PROM as tolerated: - Flexion to 90 degrees by week 4. - Flexion to 145 degrees by week 6. ***Treatment Recommendations:*** •Utilize pain control modalities as needed for effective pain management. Apply gentle Grade I & II Posterior Glenohumeral Joint (GHJ) mobilizations for pain relief, while avoiding Anterior joint mobilizations for the first 8 weeks. Additionally, focus on maintaining pain-free scapula-thoracic joint mobility through manual therapy. **Ask healthcare provider for recommended exercises during this phase*	
PHASE IV MOBILITY & MUSCLE ACTIVATION PHASE 6-12 WEEKS 10-14 EXPECTED VISITS	***Goal:*** •Commence manual therapies to include the mobilization techniques focused on the glenohumeral joint (GHJ) to effectively improve overall range of motion (ROM). Introduce upper body exercises (UBE) into the rehabilitation program after 7 weeks, strategically incorporating light resistance. ***ROM:*** ACTIVE ASSISTED RANGE OF MOTION (AROM) **Initiated at week 6 six with no resistance to the shoulder:* •Progress flexion with attention to proper scapulo-thoracic control. •ER may be progressed as tolerated (from the scapular plane to 90 deg. abduction). •Strengthening: May initiate light scapular and rotator cuff strength below shoulder height at 7-8 weeks. PASSIVE RANGE OF MOTION (PROM) **Continue progressing as tolerated:* •Flexion from 0-160 degrees by week 10. •External Rotation (ER) 50-55 degrees in the scapular plane by week 6. •ER may be progressed as tolerated to 90 degrees through week 10 (from scapular plane to 90 deg. abduction). •Internal Rotation (IR) equal to the opposite side (contralateral differences may exist in overhead athletes).	***Criteria:*** **1.** Achieve full Passive Range of Motion (PROM) by week 10, including 90-100 degrees of External Rotation (ER) at 90 degrees of abduction. **2.** Preserve the integrity of the surgical repair. **3.** Increase functional activity without causing soft tissue irritation. **4.** Decrease pain and inflammation.
PHASE V ADVANCED STRENGTHENING & ECCENTRIC CONTROL PHASE 13-24 WEEKS 12-18 EXPECTED VISITS	***Goal:*** •Sustain the integration of strengthening and mobility exercises carried over from the preceding phase. Emphasize and promote the progression and adherence to the Home Exercise Program (HEP). Advance the development of throwing motions, with particular attention to external rotation (ER) capabilities. Introduce resisted sport activities to enhance resistance training and incorporate progressive plyometric activities. Additionally, integrate endurance training to further fortify overall athletic performance. ***ROM:*** ACTIVE ASSISTED RANGE OF MOTION (AROM) •Establish and maintain a full active range of motion shoulder movement. ***Other Activities:*** •Initiate Interval Throwing or an interval program tailored to the specific requirements of the sport. **Ask healthcare provider for recommended exercises during this phase*	***Criteria:*** **1.** Improve muscular strength, power, and endurance to 80% compared bilaterally for Internal Rotation (IR) and External Rotation (ER). **2.** Maintain shoulder mobility. **3.** Progress back to functional activities. **4.** Ensure proper throwing mechanics through pre-throwing drills to reduce the risk of re-injury.

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PHASE VI **RETURN TO FULL ACTIVITY PHASE** 6+ MONTHS	***Goal:*** •Achieve successful advancement in the interval throwing program, reaching 180 feet without experiencing pain. Evaluate throwing mechanics for optimal performance. Ensure that the external/internal rotation (ER/IR) ratio exceeds 80%, assessed through hand-held dynamometry at 90 degrees abduction and in neutral rotation. Administer a Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) or Kerlin Jobe score for a comprehensive assessment. Attain success in the Return to Duty testing protocol as outlined in the Upper Extremity (UE) Return to Duty guidelines. **Depending on evaluation of progression, patients may transition to their Athletic Trainer during this phase.*	***Criteria:*** **1.** Advancement through the interval throwing program to ready for a return to competitive throwing with a focus on proper throwing mechanics. **2.** Establishment of a personalized maintenance program in anticipation of concluding formal rehabilitation.