



POSTERIOR BANKART REPAIR REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p>PHASE I EDUCATIONAL PHASE</p> <p>1-3 EXPECTED VISITS</p>	<p>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.</p> <p>ROM: -Have a discussion of Range of motion expectations through the rehabilitation progress - will be based on individual performance through every progression phase.</p> <p>Immediate Post-Operative Instructions: -Maintain consistent sling use unless otherwise directed by the physician. Specify a recommended duration of 4-6 weeks for wearing the brace to promote effective recovery. Additionally, caution against exposing incision sites to water during the initial 48 hours to ensure proper healing.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Enhance range of motion (ROM) and strength before the surgery. 2. Establish a realistic framework for post-operative rehabilitation expectations.
<p>PHASE II PEAK PROTECTION PHASE</p> <p>0-4 WEEKS</p> <p>4-8 EXPECTED VISITS</p>	<p>Goal: -Suture removal, typically scheduled between 10-14 days post-surgery. Maintain consistent usage of the brace until directed otherwise by the physician, usually around 4-6 weeks after the procedure. Sleep with the brace on for added support and adhere to restrictions on activities involving movements above the head or across the body. Additionally, avoid lifting during the specified recovery period.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Establish hand and wrist activation</p> <p>PASSIVE RANGE OF MOTION (PROM) -Aim to follow the followed recommended movement: <ul style="list-style-type: none"> - Maintain Elbow Passive Range of Motion (PROM) to end ranges for optimal mobility. - Perform flexion up to 90°. - Abduct to 60° as tolerated. - External rotation (ER) to tolerance in the scapular plane at 45° to 60° of abduction. - Avoid internal rotation for the first 6 weeks. </p> <p>Recovery: -Utilize pain control modalities as recommended. -Continue icing three times daily or as necessary. -Avoid heat application until one-week post-surgery.</p> <p>Recommended Applications: -Submaximal, pain-free shoulder and scapular isometrics at two weeks: <ul style="list-style-type: none"> - Flexion/Abduction/Extension/Internal Rotation/External Rotation. </p> <p>-Hand gripping exercises using putty or squeeze balls. -Avoid closed kinetic chain exercises.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Alleviate pain and inflammation. 2. Enhance passive range of motion (PROM). 3. Alleviate pain and inflammation.

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<p>PHASE III SHIELDED MOBILITY PHASE 4-6 WEEKS</p> <p>10-12 EXPECTED VISITS</p>	<p>Goal: -Refrain from carrying or lifting heavy objects throughout the recovery period. Maintain an elevated sleeping position with the sling until you feel comfortable transitioning to a flat position. Continue using the sling consistently until the physician advises discharge, typically around 4-6 weeks post-surgery. Refrain from carrying or lifting heavy objects. - Avoid internal rotation for six weeks. - Steer clear of posterior joint mobilizations for eight weeks.</p> <p>ROM: PASSIVE RANGE OF MOTION [PROM] -Progress PROM as tolerated. - Achieve flexion/scaption to 90° by week four and 125° by week six. - Aim for abduction to 90°. - External rotation in the scapular plane to tolerance, working towards 90° abduction.</p> <p>ACTIVE ASSISTED RANGE OF MOTION [AROM] -Continue the movements achieved with PROM within the limits of your individual recovery process. - Continue to use modalities recommended from previous phase to relieve pain as needed.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Facilitate a gradual increase in range of motion (ROM) to enhance arthrokinematics.
<p>PHASE IV STRENGTHENING PHASE 7-12 WEEKS</p> <p>9-21 EXPECTED VISITS</p>	<p>Goal: -The patient has reached the upper limits of Passive Range of Motion (PROM) for this phase. Additionally, the patient has achieved the maximum limits of Active Assisted Range of Motion (AAROM) for the previous phase of rehabilitation.</p> <p>ROM: -Implement glenohumeral joint (GHJ) mobilizations to enhance range of motion (ROM).</p> <p>ACTIVE ASSISTED RANGE OF MOTION [AROM] -Begin the recommended movement to strengthen the targeted areas in Week 7. - Commence gentle scapular and rotator cuff strengthening exercises below shoulder height within the 6-8 week timeframe.</p> <p>PASSIVE RANGE OF MOTION [PROM] -Continue progression as tolerated. - Internal rotation (IR) in the scapular plane to 45° at week eight, 65° at week ten - Develop IR and external rotation (ER) at 90° by week eight, gently working towards equal total rotational motion by the end of the phase.</p> <p>Recommended Applications: -Maintain the use of ice and heat as needed. -Begin progressing horizontal adduction across the body starting at week eight. -Avoid horizontal abduction behind the body. -Refrain from push-up exercises until week 12.</p> <p><i>* You can begin Upper Body Exercises (UBE) at seven weeks, incorporating light resistance - ask physician for appropriate exercises to continue</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. By week 12, anticipate near full Passive Range of Motion (PROM) with the exception of internal rotation (IR). 2. Enhance functional activity without causing soft tissue irritation. 3. Initiate the progression of strength exercises.



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<p>PHASE V ADVANCED STRENGTHENING & EXTENSION CONTROL PHASE 13-24 WEEKS</p> <p>16-19 EXPECTED VISITS</p>	<p>Goal:</p> <ul style="list-style-type: none"> -Attain near full and pain-free Passive Range of Motion (PROM) with no reported tenderness. Encourage the progression and compliance with the Home Exercise Program (HEP). -Gradually advance throwing motions, with a specific focus on external rotation (ER) when possible. Introduce resisted sport activities, progressive plyometric exercises in both open and closed chains, and incorporate endurance training for a comprehensive approach to rehabilitation. -Advance all strengthening and motion activities from previous phase. 	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve and sustain full shoulder Active Range of Motion (AROM). 2. Gradually return to functional activities. 3. Ensure a strength deficit of less than 10% for all motions. 4. Obtain clearance from the physician for a return to full activity. 5. Achieve satisfactory results on Upper Extremity.