

Anterior Instability/Bankart Repair Protocol

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Patient Name	Date of Surgery
Procedure: Right Left Shoulder Anterior Stabilization/Bank	(art Repair
Associated Osseous Procedure: (check if applicable)	3ankart repair
Evaluate and Treat	\Box Provide patient with home program
Frequency:x/week x	weeks
 Phase I (0-4 wks) if typical Bankart; 0-6 wks if osseous Ban all times during this phase (except for hygiene and PT). Motion and Weeks 0-1: No formal PT. Sling at all times (except for hygiene and pendul <u>Home exercises only</u> (pendulums, elbow + wrist Weeks 1-4 (1-6 if osseous Bankart): Begin formal F Sling at all times (except for hygiene and PT). <u>ROM</u>: Restrict motion to 90 deg FF / 20 deg ER at	I strengthening exercises are performed within strict motion limits. ums). ROM, grip strengthening). PT (2-3 x/wk). t side / IR to stomach / 45 deg abduction. plerated within the above limits op.
***Note: if an osseous Bankart repair was performe	d, the above protection phase should last 6 weeks.
 Phase II (4-8 wks for typical Bankart; 6-8 wks if osseous Ba D/C sling if cleared by MD (will keep sling until 6 wks if ROM: Progress AROM 160 deg FF / 45 deg ER with arm 3 Strengthening (only 3x/wk to avoid cuff tendonitis): Progress cuff/deltoid and periscapular strengther Modalities as per PT discretion 	osseous Bankart repair performed)
<u>Strengthening</u> :	etching at end ranges. Advance to full active ROM as tolerated. t weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular
 Phase IV (3-12 months): Progress to sport-specific/occ <u>ROM</u>: If ROM lacking, advance to full via gentle passiv <u>Strengthening</u>: Continue with light weights 3x/wk. Begin eccentrically resisted motions, plyometrics (weights strengthening. Transition to sports-specific/job-specific rehab an <u>Throwing</u>: 	e stretching at end ranges. ghted ball toss), proprioception (body blade) and closed-chain and advanced conditioning as tolerated. at tossing or return to collision sports (hockey, football, etc.) at 4.5-6 months (usually by 6-9 months)
This patient would would not benefit from social services.	
Physician Signature	Date

Printed Name