

**Posterior Bankart/ SLAP Repair**  
**JOSEPH R. MISSON, MD**



**PATIENT:** \_\_\_\_\_

**DATE OF SURGERY:** \_\_\_\_\_

This protocol can be done primarily on a home program basis with follow-up visits as needed to progress and monitor the patient. Rate of progression based on evaluation of patient.

**PHASE I: IMMEDIATE POSTOPERATIVE PHASE "RESTRICTIVE MOTION" DAY 1 - WEEK 6**

**GOALS:**

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

**DAY 1 - WEEK 2:**

- External Rotation Sling for 3-4 weeks unless specified otherwise by surgeon
- Sleep in sling or immobilizer for 4 weeks, per surgeon orders
- HEP (no AROM for ER, abduction, or extension)
  - Elbow/hand ROM - assisted elbow flexion and no isolated bicep contraction
  - Hand gripping exercises
  - Gentle shoulder shrugs/rolls/ scapular retractions
  - Gentle PROM and AAROM exercises with elbow bent
    - Flexion to 60 degrees (to 75 degrees at week 2)
    - Scaption to 60 degrees
    - ER to 45-60 degrees in slight scaption
    - Minimal IR slight scaption (to protect posterior repair)
  - Submaximal isometrics for shoulder musculature
- NO ISOLATED BICEP CONTRACTIONS**
- Cryotherapy as needed

**WEEK 3 - 4:**

- Discontinue use of sling/immobilizer at 3-4 weeks per surgeons orders
- HEP (NO AROM for extension or abduction)
  - Continue gentle ROM exercises
    - Flexion to 90 degrees
    - Abduction to 75 - 85 degrees
    - ER as tolerated in slight scaption
    - Begin progressive IR to 25-30 degrees in slight scaption
  - Initiate rhythmic stabilization drills
  - Initiate ER/IR theraband at 0 degrees abduction
  - Continue isometrics
- NO ISOLATED BICEP CONTRACTION**
- Cryotherapy as needed

**WEEK 5 - 6:**

- Gradually improve ROM
  - Flexion to 145
  - ER as tolerated at 45 degrees abduction
  - IR to 55 - 60 degrees at 45 degrees abduction
- May initiate gentle stretching exercises, especially "Sleeper Stretches" for IR
- Continue tubing ER/IR at 0 degrees abduction
- Initiate AROM shoulder abduction (no resistance)
- Initiate "full can" AROM (no resistance)
- Initiate bent over rowing, and horizontal abduction
  - Start without weight and progress to light resistance
- NO BICEP STRENGTHENING

**PHASE II: INTERMEDIATE PHASE-MODERATE PROTECTION PHASE WEEK 7 - 14****GOALS:**

- Gradually restore full ROM
- Preserve integrity of the surgical repair
- Restore muscular strength and balance of scapula and rotator cuff

**WEEK 7 - 9**

- Gradually progress ROM as indicated
  - Flexion to 180 degrees
  - ER to 90 degrees
  - IR to 70 - 75 degrees at 90 degrees abduction
- Continue to progress isotonic strengthening program
- PNF strengthening can be included
- Initiate "Throwers Ten Program" if indicated
- Scapular strengthening, RC strengthening, deltoid strengthening
- OK to initiate bicep strengthening unless type 4

**WEEK 10 - 14**

- May initiate slightly more aggressive
- Progress thrower's ER and IR motion
- Continue stretching exercises

**TYPE 4**

- No bicep until 12 weeks post-op and start light. No stress biceps for 4 months. Full active at 5 -6 months

**PHASE III: MINIMAL PROTECTION PHASE WEEK 14 - 24****GOALS:**

- Establish and maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional strength
- Stress maintenance of IR to overhead athletes for life

**CRITERIA TO ENTER PHASE III:**

- Full, nonpainful ROM
- Satisfactory stability
- Muscle strength 4/5 or better
- No pain or tenderness

**WEEK 14 - 16**

- Continue all stretching exercises
- Continue all strengthening exercises
- Initiate light plyometric program
- Restricted sports activity (light swimming, half golf swings)

**Weeks 16-24**

Increase golf swings and allow ground strokes with increasing intensity (Tennis)  
May initiate gradual throwing program/overhead activity on level surface

<b>PHASE IV: RETURN TO SPORTS</b>
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**Weeks :24-28**

Begin full Speed Pitching / Overhead activity and progress to return to sport  
"Sleeper Stretches" for Life to maintain IR / Prevent GHIRD (Glenohumeral IR Deficit)

Physician Signature: \_\_\_\_\_