Arthroscopic Anterior Stabilization (with or without Bankart Repair):

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic anterior stabilization procedure. It is not intended to be a substitute for one’s clinical decision making regarding the progression of a patient’s post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – Immediate Post Surgical Phase (Day 1-21):

Goals:
- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:
- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No lifting of objects with operative shoulder
- Keep incisions clean and dry

Weeks 1-3:
- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep with sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
• Patient education: posture, joint protection, positioning, hygiene, etc.
• Begin isometrics week 3

Phase II – Protection Phase/PROM (Weeks 4 and 5):

Goals:
• Gradually restore PROM of shoulder
• Do not overstress healing tissue

Precautions:
• Follow surgeon’s specific PROM restrictions - primarily for external rotation
• No shoulder AROM or lifting

Criteria for progression to the next phase:
• Full flexion and internal rotation PROM
• PROM 30 degrees of external rotation at the side
• Can begin gentle external rotation stretching in the 90/90 position

Weeks 4-5

• Continue use of sling
• PROM (gentle), unless otherwise noted by surgeon
  o Full flexion and elevation in the plane of the scapula
  o Full Internal rotation
  o External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
• Pendulums
• Sub maximal pain free rotator cuff isometrics in neutral
• Continue cryotherapy as needed
• Continue all precautions and joint protection

Phase III – Intermediate phase/AROM (Weeks 6 and 7):

Goals:
• Continue to gradually increase external rotation PROM Full AROM
• Independence with ADL’s
• Enhance strength and endurance

Precautions:
• Wean from Sling
• No aggressive ROM / stretching
• No lifting with affected arm

• No strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)

**Weeks 6 and 7**
• PROM (gentle), unless otherwise noted by surgeon
  o External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
• Begin AROM of shoulder
  o Progress to full AROM in gravity resisted positions
• Begin implementing more aggressive posterior capsular stretching
  o Cross arm stretch
  o Side lying internal rotation stretch
  o Posterior/inferior gleno-humeral joint mobilization
• Enhance pectoralis minor length
• Scapular retractor strengthening
• Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
• Continue cryotherapy as necessary

**Phase IV - Strengthening Phase (Week 8 – Week 12)**

**Goals:**
• Continue to increase external rotation PROM gradually
• Maintain full non-painful AROM
• Normalize muscular strength, stability and endurance
• Gradually progressed activities with ultimate return to full functional activities

**Precautions:**
• Do not stress the anterior capsule with aggressive overhead strengthening
• Avoid contact sports/activities

**Weeks 8-10**
• Continue stretching and PROM
  o External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.
• Progress above strengthening program
**Weeks 10-12**
- Continue stretching and PROM
  - All planes to tolerance.
- Continue strengthening progression program

**Phase V – Return to activity phase (Week 12 - Week 20)**

**Goals:**
- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

**Precautions:**
- Do not begin throwing, or overhead athletic moves until 4 months post-op
- Weight lifting:
  - Avoid wide grip bench press
  - No military press or lat pulls behind the head. Be sure to “always see your elbows”

**Weeks 12-16**
- Continue progressing stretching and strengthening program
- Can begin golf, tennis (no serves until 4 mo.), etc.
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.

**Weeks 16-20**
- May initiate interval sports program if appropriate

**Criteria to return to sports and recreational activities:**
- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non operative shoulder (tested via hand held dynamometry)

**Author:**
Jeff Carlson 6/04
Reg Wilcox III 6/04

**Reviewed:**
Peter J. Millet, MD

**Revised:**
Reg B. Wilcox III, PT 6/16

---

**Arthroscopic Anterior Stabilization (with or without a Bankart Repair) Protocol:**
Copyright © 2007 The Brigham and Women's Hospital, Inc. Department of Rehabilitation Services. All rights reserved.