Edmonton Region Shoulder Rehabilitation Guidelines - Arthroscopic Bankart Repair

Surgery Date:______________ Surgeon:______________ Procedure / Tissue Repaired:__________________________________

Specific Patient Information: ____

☐ **Standard Protocol** ☐ **Non - Standard Protocol** **Explain: ____**

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PHASE I - Immobilization (0 – 4 weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE II

Primary:
• Optimize / Protect healing (capsulolabral) tissue
• Decrease Pain and Inflammation
 	
Secondary:
• *Protected* GH joint ROM and Strength
• Scapulothoracic Stabilization
• Address Kinetic Chain (adjacent joints, posture, etc.)
• General Health / Wellness
Cautions:
• **No active or passive movement beyond the specified ROM, *especially External Rotation (ER)***
• **No heavy lifting, pushing, pulling or use of arm beyond ROM listed**
	Primary:
	• Immobilization in sling/swath
	• Out of sling 3 – 4 times/day for washing / PT exercises only *(shld maintained in add/IR)*
	
	• Ice/EPAas needed for pain relief
	• Advice on sleep/rest/ positions
	
	Secondary:
	
	Dosage for all exercises are dictated by pain and patient being able to perform <u>without compensation</u>
	
	• Standing pendular ROM exercise (unweighted; ROM to dinner plate circumference only)
	• AAROM flexion 0 - 30° / scaption 0 - 30° / ER to neutral
	
	• Submaximal isometric exercises as pain allows (shoulder in adduction and IR)
	
	• Scapular setting exercises in sitting (retraction/retraction & depression)
	  • Shoulder in sling or supported at side in adduction/IR
	  • May progress to sitting on physio ball or standing
	
	• Wrist / hand / elbow ROM / ball gripping ex. with shoulder in sling or supported at side in adduction/IR
	• C-spine/T-spine ROM exercises (as directed by PT)
	• Posture exercises (as directed by PT)
	
	• CV exercises with shoulder in sling (recumbent stationary bike, walking)
		• Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization
		
		• Pain significantly reduced at rest
		
		• Patient able to properly set scapula with arms at side

For more information regarding these guidelines please go to:

http://www.rehabilitation.ualberta.ca/en/ContinuingProfessionalEducation/ShoulderRehab.aspx

PHASE II - Initial Mobilization & Strengthening (4 weeks – 12 weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE III

Primary:
• Increase GH joint ROM (Active-Assist, Active)
• Improve shoulder girdle neuromuscular strength and control
• Protect healing capsulolabral tissue
• Minimize shoulder pain
Secondary:
• Increase functional activities (ADL)
• Increased integration of kinetic chain (adjacent joints, posture, etc.)
• General Health / Wellness
Cautions:
• **No passive stretching of the shoulder beyond the boundary achieved with active ROM unless directed by surgeon,** ***especially into ER***
• **No heavy lifting, pushing, pulling or use of arm beyond ROM listed**
• **No strengthening or loading of the shoulder in abduction and ER**
	Primary:
	• Immobilization in sling/swath discontinued
	
	• AAROM → AROM exercises
	
	No stretching beyond AROM limit (NO ABD+ER UNTIL 12 WEEKS)
	
	Patient can progress to active ROM when able to move through range without pain and without compensation
	
	• Pendular ROM exercises (unweighted; ROM to dinner plate circumference only)
	  • May progress by adding scapular retraction / protraction
	
	• Isometric → Isotonic strength exercises:
	  • Isometrics performed in neutral rotation position
	  • Avoid long lever exercises and position of abd+ER
	  • Progress to above shoulder height only if patient can control scapula and perform without compensation
	• Scapular stabilization exercises (retraction / retraction & depression AND protraction)
	  • Progress to arms at side, short arc/short lever dynamic movements with resistance (rowing, ball on bed ex.)
	
	All shoulder girdle strength exercises should be performed with Proximal Stability (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise
	
	• Closed Kinetic Chain exercises (Eg. gentle weight-bearing onto large physio ball/table, quadruped position – all with proper scapular positioning)
	
	• Ice and EPAs as needed for pain relief
	
	Secondary:
	• Continue wrist / hand / elbow / spine ROM and posture exercises as required (especially C-spine side flexion & T-spine extension and rotation ROM)
	
	• Progress CV exercises (directed by PT)
	• Educate/advise on appropriate and safe return to ADL activities
		• Patient able to actively elevate shoulder to a minimum of 120° of scaption
		AROM achieved with minimal to no pain and with proper scapulohumeral rhythm
		
		• Patient able to easily set scapula with arms at side AND maintain with dynamic arm activity (below 90° shoulder elevation)
		
		• Patient able to perform prescribed dosage of strength exercises with good technique/control and without reproducing pain and/or symptoms
		
		• Improved strength of shoulder girdle musculature from initial assessment (outcome measure: resisted isometric testing)
		
		• Patient reports overall increase in use of affected arm in ADL activities

PHASE III – Strengthening & Return to Activity (12 – 24+ weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO RTA/ HOME PROGRAM

Primary:
• Improve and normalize shoulder girdle neuromuscular strength, endurance & proprioception
• Full, functional ROM of GH joint and entire U/E kinetic chain
Secondary:
• Full return to all ADLs, work and recreational activities
• Protect healing capsulolabral tissue; especially in positions of abd/ER
 	
Cautions:
• **Stretching of the shoulder into abd/ER**
• **Heavy lifting, pushing, pulling or use of arm in ER positions ; especially abd and ER**
• **Overhead dynamic activities (ie. throwing)**
	Primary:
	• Shoulder Girdle Strengthening (emphasis on scapular stabilizers and rotator cuff)
	  • Begin with shoulder in neutral at side then gradually progress to performing exercises at waist level, shoulder level, etc.
	  • Progress to combined, functional movement patterns vs. isolated movements)
	  • Dosage should reflect strength & endurance goals
	
	All exercise progressions based on patient being able to perform prescribed dosage with good technique (i.e. scapular control) AND without reproducing pain and/or other symptoms
	
	• Functional / U/E Kinetic Chain Exercises (wall washing, ball on the bed or wall, functional movement patterns, PNF patterns)
	  • Progress dosage, ROM, functional positions, speed, reaction time, L/E challenge
	• Closed Kinetic Chain exercises (as in Phase II)
	  • Progress by increasing weight bearing through U/E, adding perturbations, endurance, functional positions, etc.
	
	All kinetic chain exercises should be performed with Proximal Stability (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise
	
	• Range of Motion / Stretching
	  • Continue AROM – focus on combined, functional ROM
	  • May begin active only ROM into ABD+ER
	  • May begin careful stretching / careful stretching into ER (shoulder in adduction) only as required
	  • Posterior capsule and/or pectoralis minor stretching as required
	
	No stretching in apprehension position (90° abduction / 90° ER)
	
	Secondary:
	• Activity-specific exercises to address functional goals for returning to ADL/work/recreational activities
	    o including advise on weight training exercises – avoid exercises such as dips, chin ups, or any exercise that places the arm/elbow behind the plane of the body)
	
	• Advise on maintaining or increasing CV fitness
		• Improved strength and endurance of shoulder girdle musculature (compared to beginning of Phase III)
		
		• Patient able to demonstrate proper scapular control with dynamic testing (ie. GH joint ROM and/or functional movement pattern)
		
		• Full, functional GH joint AROM **AROM should be painfree and performed with proper scapulohumeral rhythm**
		
		• Patient able to use affected arm in ADL activities and has been able to return to work
		
		• Patient has been able to return to recreational/sport activity (unless restricted by surgeon)