

Physical Therapy Reverse Bankart Repair

Post-Operative Therapy Plan

Date of Surgery:
Surgeon:
Date of Injury:
Additional Considerations/Precautions (tissue quality, anchor type, etc):
Sling: 6 weeks. Remove for showering/dressing and PT exercises. May begin weaning sling at home at 4 weeks, but to continue use during activity outside the house and sleeping.
Next Follow Up with MD/PA:



Reverse Bankart Repair

Precautions: Avoid flexion, horizontal adduction and IR (hand behind back) x 8 wks

If biceps tenodesis - Hold biceps with resistance x 8 wks

Ideally patients should achieve the following milestones before advancing to the next stage.

	Intervention	Milestones
Week 0-6	Control pain and inflammation. Protect surgical repair/Ensure wound healing. Progressive, non-forceful PROM of shoulder. AROM of elbow/wrist/hand. Postural education/Scapular retraction exercises. Begin Isometrics in sling. Initiate limited AAROM to 90° for scaption.(Wk 4) Rhythmic stabilization exercises. (Wk 4)	Good pain management Full ROM elbow/wrist/hand Shoulder PROM progressing without stiffness Scaption 120° ER (scapular plane) 45° IR (scapular plane) 30° (6 wk goals)
Weeks 7-8		Full shoulder PROM for abduction and ER
Week 9-12	Advance AROM to include flexion, IR, and horizontal adduction Initiate PREs within AROM limitations. Initiate light closed chain exercises with progression throughout phase. Initiate plyometric exercises.	AROM progressing to full - IR behind back to waist
Week 13-16	Progress PREs→resistance→90/90 Continue scapular exercises. Progress closed chain exercises to full weight bearing. Begin push up progression. (DO NOT cross midline). Progress plyometric exercises →Single arm Begin PNF patterns. Begin Overhead strengthening. Initiate gym program: 3-4x/wk - Always see back of hand - Low weight/high reps to begin	Strength progressing without pain Maintain full ROM - Overhead within 5° of opposite side - IR within 15° of opposite side at 90/90 4/5 strength or greater
Week 16+	Continue plyometric exercises. Sport specific activity - Begin return to throwing/swimming regimen per physician direction (~5 mos) Regular gym attendance (nothing behind the neck, always see back of hand)	5/5 strength Progress to all normal activities as tolerated Pass appropriate selected functional return to sport tests Return to sport

This therapy plan provides a synopsis of guidelines for recovering from surgery with St. Luke's Sports Medicine. It is provided as an educational resource. Individual circumstances vary and these plans cannot replace the advice of a medical professional.

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