



Posterior Instability/Bankart Protocol

Pathology and Treatment: There are three main stabilization mechanisms to be considered with rehabilitation of the unstable shoulder.

1. Static stability- which is stability provided by the capsule, labrum and ligaments of the shoulder.
2. Dynamic stability- which is provided by the relationship between both the rotator cuff and scapular positioning.
3. Neurologic- which is provided by proprioceptive awareness and proper mechanics with movements.

The shoulder consists of three gross anatomic structures that create static stability within the joint: the cartilaginous labrum, ligaments and capsule. The labrum is a rubbery cartilaginous ring that surrounds the shoulder socket (glenoid). It creates a greater surface area on the glenoid for the head of the humerus to sit comfortably. It is a very important stabilizing structure secondary to its ligamentous attachments.

Traumatic posterior instability is usually associated with a posterior labral tear or posterior Bankart lesion. A posterior Bankart lesion is defined as a tear of the posterior or posterior/inferior labrum. It is analogous to an anterior Bankart lesion. Surgical reconstruction includes repair of the posterior labrum and tightening of the loose posterior capsule and posterior band of the inferior glenohumeral ligament.

Goals and Guidelines: With stabilization surgeries, we focus on isometric strengthening and progress to isokinetic and then functional strengthening. The emphasis is not initially on ROM as much as it is with other surgeries as the goal is to tighten up the shoulder. Shoot for about 75% of normal ROM by about 3-4 months. The protocol focuses on the operative arm but please also work on core strength and conditioning for total rehabilitation of the athlete. Patients are in an immobilizer/sling for 6 weeks. While sleeping, the arm should be kept in the plane of the body with pillows or blankets under the operative elbow. The patient is allowed to use the operative arm for waist level and midline activities such as personal hygiene care but is to do no lifting, pushing or pulling with the arm. No active internal rotation behind the back for 6 weeks to avoid stretching the posterior capsule. Teach patient how to perform proper axillary hygiene by bending over at the waist (like doing pendulum exercises).

0-2 weeks

-No specific therapy

2-6 weeks

- Start scapular depression, retraction, protraction and elevation.
- Start IR, ER and abduction isometrics
- Start Supine Active Assisted Forward Elevation (SAAFE) with FE no greater than 140°.
- Start External Rotation with stick to 40°.

6-12 weeks

- Transition from SAAFE to SAFE during the first 2 weeks and then progress to active ROM in all planes. No specific posterior capsular stretching until 8 weeks post op.
- Start 4 Way Theraband Strengthening
- At 8 weeks, start deltoid strengthening performing lateral and front raises and Rhythmic Stabilization with Bodyblade beginning with patient's arm at 90°. Progressions can include increase in tempo and position. Further progression would be into a PNF pattern. Progress to standing and move into flexion, scaption, abduction and PNF patterns.
- At 10 weeks, start more aggressive strengthening exercises. Avoid behind the neck lat pull downs and military presses. Start TVA's and 6 Pack Back periscapular strengthening exercises. Do not strengthen to the point of fatigue. Once the muscles are fatigued, they can no longer provide dynamic stability and the patient thus relies more on the static restraints that were just repaired.

12-16 weeks

- Push-up into wall with ball under uni-lateral hand focusing on scapular retraction. Progress to stability ball on a table while performing a push-up then. Progress to stability ball on the floor. Do not forget to set your shoulder blades into the correct position.
- May start light bench press, more aggressive deltoid strengthening and lat pulls in front of body
- Continue Bodyblade endurance and proprioceptive exercises

16-20 weeks

- Continue to increase the intensity of the strengthening exercises
- May start throwing program for overhead athletes.

24 weeks

-Return to sport