

## Shoulder Anterior Capsulorrhaphy / Bankart Repair

### 0-2 weeks post op

- Arm in sling/immobilizer for 2 weeks
- Modalities as needed
- Pendulum exercises
- PROM with ATC or PT no shoulder pulleys  
**Flexion to 90°, Abduction to 90°, Internal Rotation to 30° in scapular plane,  
External Rotation to 10°, And Extension to neutral**
- Isometric strengthening and ROM of the hand, wrist, and elbow

### 2 weeks post op → **begin formal physical therapy**

- Relative immobilization critical for healing of soft tissues
- Avoid all active ROM exercises
- Wear sling/immobilizer at night only, keep arm close to body
- Advance PROM to: may use shoulder pulleys if tolerated, protect anterior capsule  
**Flexion to 110°, Abduction to 100°, Extension to neutral, Internal Rotation to 60° in plane  
of scapula, And External Rotation to 20° in plane of scapula**
- Wall walks

### 4 weeks post op

- D/C sling/immobilizer
- No IR or ER resistance exercises
- Periscapular isometrics
- PROM with shoulder pulleys  
**Flexion to 130°, Extension to 30°, Abduction to 130°, Internal Rotation to 90° in plane of  
scapula, And External Rotation 30° in plane of scapula**
- Progress from AAROM to AROM:
  - Quality movement only, **avoid forcing** active motion with substitution patterns.
  - Remember the effects of gravity on the limb, do gravity eliminated motions first ie. Supine flexion.
- Deltoid isometrics.
- Lightly resisted **elbow** flexion

### 6 weeks post op

- Advance ROM to full as tolerated, do not crank on ER but progress it as tolerated,
- Begin standing isotonic RC exercises with arm in neutral, below **90°**
- Continue periscapular isometrics
- Joint mobilization (posterior glides)

**10 weeks post op**

- Full A/PROM in all direction with normal ratio of movement between GH joint and SC joint
- Advance Rotator cuff strengthening to 8-10lbs on all motions
- Advance proprioception ex's as tolerated

**12 weeks post op**

- Add Eccentric ex's to posterior cuff with T-band in standing simulating follow through in throwing or sidelying ER
- Full ROM isokinetics
- May begin conventional weight lifting using machines and progressing to free weights if desired as tolerated

**14 weeks post op**

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through

**16-24 weeks post op**

- Throwers must pass strength test to begin throwing
- Retest monthly till strength test passed
- Continue with maintenance strengthening

**Return to Sport/Activity**

- When cleared by physician
- Pass strength test
- Throwers complete throwing program
- No pain with all desired level of activities
- 4-6 months