

Anterior Bankart / Labral Repair / Latarjet Procedure

PHYSICAL THERAPY PROTOCOL

PHASE I: Protective Phase

Goals:

Protect the anatomic repair
Prevent negative effects of immobilization
Promote dynamic stability
Decrease pain and inflammation

Precautions:

Patients are instructed to keep the affected hand in an imaginary triangle made up of three points, tips of their toes and nose, "nose to toes", for 6 weeks post-operatively. Please reeducate them on "nose to toes", hand does not leave that triangle for 6 weeks.

POST-OP WEEKS 0-4

- Sling for 6 weeks
- Sleep in immobilizer for 4 weeks
- Elbow and hand ROM exercises
- Hand gripping exercises
- No active ER or extension or abduction
- Passive and active assisted forward elevation only (Nose to Toes)
- Cryotherapy and modalities as indicated
- Isometrics within safe ROM

POST-OP WEEK 4-6

- Discontinue sling at 6 weeks
- Begin formal PT
- ROM exercises (PROM and AAROM)
 - Flexion to 90-110
 - Abduction to 75-85
 - ER in scapular plane to 15-20
 - IR in scapular plane to 55-60
- Progress ROM and initiate AROM after 4 weeks
- Continue modalities and cryotherapy

POST-OP WEEKS 5-6

- Gradually improve ROM
 - Flexion: 140
 - ER at 45 degrees abduction: 25-30
 - IR at 45 degrees abduction: 55-60
- PNF manual resistance
- May initiate gentle stretching
- Posterior Capsular Stretching

PHASE II: Intermediate / Moderate Protection / Range of Motion Phase

Goals:

Gradually restore full ROM

Preserve the integrity of the surgical repair

Restore muscular strength and balance

POST-OP WEEKS 6-10

- Gradually progress ROM
 - Full flexion
 - ER at 90 abduction: 45-70
 - IR at 90 abduction: 60-70
- Initiate exercise tubing ER and IR (arm at side)
- Initiate isotonic dumbbell exercises for deltoid, supraspinatus, up to 3 lbs. max (once full AFE is achieved)
- PNF strengthening

POST-OP WEEKS 10-14

- Slightly more aggressive strengthening
- Continue all stretching exercises
- Progress ROM to functional demands

PHASE III: Minimal Protection and Strengthening Phase

Goals:

Establish and maintain full ROM

Improve muscular strength, power and endurance

Gradually initiate functional activities

Criteria to enter Phase III:

1. Full pain-free ROM
2. Satisfactory stability
3. Strength improving
4. No pain or tenderness

POST-OP WEEKS 14-18

- Continue all stretching exercises
- Continue strengthening exercises
 - Fundamental throwing exercises
 - PNF manual resistance
 - Endurance training
 - Initiate light plyometrics
 - Light swimming
- Initiate plyometric program (if needed)
 - Do not begin until 5/5 MMT for rotator cuff and scapula.
 - QD at most
- Begin with beach ball/tennis ball progress to weighted balls
 - 2-handed tosses:
 - + Overhand
 - + Underhand
 - + Diagonal
 - 1-handed stability drills
 - 1-handed tosses (vary amount of abduction, UE support, amount of protected ER)

POST-OP WEEKS 18-20

- Continue all above exercises
- Initiate ITP

Phase IV: Advanced Strengthening Phase

Goals:

Enhance strength, power and endurance
Progress functional activities
Maintain shoulder mobility

Criteria to enter Phase IV:

1. Full pain-free ROM
2. Satisfactory static stability
3. Strength 75-80% of contralateral side
4. No pain or tenderness

POST-OP WEEKS 20-24

- Continue flexibility exercises
- Continue isotonic strengthening program
- PNF manual resistance patterns
- Plyometric strengthening
- Progress ITP

Return to Sports

Gradually progress sport activities to unrestricted

- Week 18 May return to non-contact sports
- Week 22 May return to contact /collision sports
- Throwing Program

Discharge/Return to sport criteria:

1. PROM WNL for ADL's/work/sports
2. MMT 5/5 shoulder girdle and/or satisfactory isokinetic test
3. Complete plyometric program, if applicable
4. Complete interval return to sport program, if applicable