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SPORTS MEDICINE SURGERY – HIP ARTHROSCOPY

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

REHABILITATION PROTOCOL

Anterior Stabilization/ Bankart Repair

Precautions:

Avoid combined ER/AB. At 10 weeks if the patient needs combined ER/AB call MD for permission to start this activity. All advanced exercises need to follow the phase ROM restrictions.

Phase I (s/p 1 – 5 days)

Goals:

- Maintain the integrity of the repair
- Gradually increase passive range of motion
- Diminish pain and inflammation
- Prevent negative effects of immobilization
- Wound: Monitor surgical site.
- Sling: Ultra sling to be worn continuously, except in therapy or during exercise sessions.
- AROM: Elbow, wrist and hand
- PROM: None
- Modalities: prn

Phase II (5 days – 4 wks)

- Wound: Monitor site/Scar management techniques
- Sling: Ultrasling worn continuously, except in therapy or during exercise sessions, until s/p 4 weeks. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks.

Week 2:

- Pendulum exercises 4 – 8 times daily (flexion and circles)
- Scapular retraction (no resistance)

- PROM restrictions within patient tolerance or to a maximum of:
 - Flexion to 120
 - Abduction to 90
 - ER/IR in scapular plane (no pain or resistance)
 - IR not to exceed 45 degrees and ER not to exceed 30 degrees
- Strengthening:
 - Elbow, Wrist and hand AROM
 - Fitness exercises limited to recumbent bike
 - Sub maximal & pain free isometrics (elbow bent) at 25% effort
- Joint Mobs: Glenohumeral joint mobilization grade I/II for pain control
- Modalities: PRN for pain and inflammation

Phase III (s/p 4 – 10 weeks)

- Sling: D/C sling use at home. Sling must continue to be work outdoors or in public settings for an additional 2 weeks. D/C sling at 6 weeks.
- ROM: Gradually restore full PROM and AROM by 10 weeks (see progression below)
 - Weeks 4-6: AAROM gradually progressing to AROM
 - Weeks 6-10: Gradually progress to full AROM
- Strength: (continue to avoid combined Abd/ER throughout Phase III)
 - Weeks 4-6: Submax isometrics 50-75%, AAROM progressing to AROM strengthening
 - Weeks 6-8: AROM shoulder and periscapular region gradually progressing to include light resistance
 - Week 8-10: Progressive resistive exercises for the shoulder and periscapular region, bodyblade and rhythmic stabilization exercises

Phase IV (10 + weeks)

- Goals
 - Full AROM in all planes
 - Strength to enable return to work/sport
 - Good scapulohumeral rhythm (may use biofeedback)
- ROM:
 - Avoid combined external rotation and abduction unless athlete needs this specific ROM for sport or patient lags significantly behind ROM goal for the stage (please contact MD before beginning external rotation and abduction)
- Strengthening: Advance as tolerated all shoulder musculature.
 - Can include plyometric, closed chain/weight bearing stabilization, and proprioceptive training routines. (2 handed plyometrics at 10 weeks and progress to single handed at 12 weeks)

16 + weeks

- Athletes can begin a return to throwing program (contact MD before beginning throwing program)
- Gradual resumption of supervised sport specific exercise (contact MD before beginning throwing program)
- Return to non-contact sports possible for some athletes by 3 months
- Contact/collision sport after 6 months if athlete is compliant
- Max medical improvement for athletic activities by 12 months post op
- No weight training until s/p 8 months

- 1.) *Brozman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003*
- 2.) *Wilk KE, Reinold MM, Andrews, JR. Rehabilitation Following Arthroscopic Anterior Shoulder Plication in the Overhead Athlete. Winchester MA: Advanced Continuing Education Institute, 2004.*