

Posterior Bankart Repair (if anterior/posterior repair, use this protocol)

Dr. Austin Crow

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Patient _____

DOS _____

	Weeks 0-2	Weeks 2-4	Weeks 4-6	Weeks 6-8	Weeks 8-10	Weeks 10-12	Weeks 12-14	Weeks 14-16	Weeks 16-24
Sling	On at all times	On during day, Off at night (Avoid Ext/IR)		Discharge sling at 6 weeks					
PROM Flex	None	60°	90°	To full as tolerated					
PROM Abd	None	90°	To full as tolerated						
PROM ER	None	45°	To full as tolerated						
PROM IR	None	Neutral	30° (at neutral & 90° Abduction)	45° until week 12 (at neutral & 90° Abduction)			To full as tolerated		
PROM Ext	None	Neutral	30°	To full as tolerated					
AAROM/ AROM	None	None	Supine or Standing	AROM as tolerated (IR to 45° until week 12)			IR to full as tolerated		
Exercises	<p>Pendulums</p> <p>Finger, wrist, forearm & elbow ROM</p> <p>Gripping 3x day</p>	<p>Submax Isometrics in sling (Flexion, Extension, Abd, Add, IR, ER)</p> <p>Chin tucks/ cervical ROM</p> <p>Scapular strengthening (elevation, depression, retraction, & protraction with manual resistance)</p>	<p>Pulleys (PROM)</p> <p>ER/Scap with wand (AAROM)</p> <p>Wall walks (Flexion & Abduction)</p> <p>Light theraband ER with elbow at side</p>	<p>UBE</p> <p>Wall Pushups</p> <p>Isotonic RC strength up to 6-8 pounds</p> <p>IR, ER, Rows with bands</p> <p>Standing Flexion, Extension, Abd, and Scaption with thumbs down</p> <p>Progress scapular strengthening (dumbbell shrugs, seated press ups, prone row, supine punches)</p> <p>PNF D1 & D2 with 0-3 pounds</p>	<p>Progress RC and scapular strengthening</p> <p>Prone dumbbell Scaption, Extension, Horizontal Abd (thumb up and thumb down)</p> <p>Supine rhythmic stabilization 90° Flexion and 90° Abduction</p> <p>Body blade 90° Flexion and 90° Abduction</p> <p>Begin isokinetic strengthening with 60° block; speeds of 180°, 150°, 120°, 90°, 60°/second (8-10 reps at each speed)</p>	<p>RC strengthening to 8-10 pounds</p> <p>Standing rhythmic stabilization (Flexion and Abd 90°; ball against wall and manual resistance)</p> <p>Advance PNF D1 and D2 with manual resistance</p> <p>Continue isokinetic strengthening; advance to 15 reps per speed</p>	<p>Progress strengthening as tolerated</p> <p>RC eccentrics</p> <p>Begin traditional weight training with machines and progress to free weights as tolerated</p> <p>Advance isokinetic strengthening to full ROM</p>	<p>If thrower, begin light tennis ball toss at 60% velocity for 20-30 feet Focus on mechanics.</p> <p>If thrower, begin isokinetic strengthening at higher speeds (240°, 270°, 300°, 360°/second)</p>	<p>If thrower, begin interval throwing program after they pass isokinetic testing (if available)</p> <p>Retest monthly</p> <p>Continue maintenance strengthening</p> <p>Return to sport only if: Pass strength test, completed throwing program, no pain with activity, surgeons ok, no less than 5 months post-op for return to contact sports</p>

Any Questions? Please contact:

Northwoods Therapy Associates

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Isokinetic Testing Protocol for Throwing Shoulders (if applicable)

- Patient is seated
- Test uninvolved shoulder first
- Position: shoulder in scapular plane at 90° abduction and 30° flexion, with dynamometer at 0° tilt and 90° rotation
- Use 3 sub-max reps and 3 max reps for warm up
- Do 6 reps at 60°/second, then 12 reps at 300°/second (allowing at least one minute of rest between test speeds)

Scores equal to or greater than the following are considered passing:

- ER/IR unilateral ratio: 70%
- ER bilateral ratio: 98%
- IR bilateral ratio: 105%
- ER peak torque/BW ratio: 18%
- IR peak torque/BW ratio: 28%