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POST-OPERATIVE ANTERIOR LABRAL/BANKHART REPAIR PROTOCOL

The following protocol is intended as a guide for post-operative anterior labral/Bankhart repair rehabilitation. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

Protection Phase

Goals:

- 1. Protect healing repair**
- 2. Decrease pain and swelling**
- 3. Gradually improve PROM within set limits**
- 4. Preserve strength of the elbow, wrist and hand**

Post-Op Visit #1:

1. Dressing change/check surgical wound
2. Pendulums
3. Elbow flexion/extension
4. Wrist flexion/extension
5. Towel/ball squeezes
6. Scapular squeezes

Post-Op Visit # 2:

1. Initiate PROM
 - a. Limit ER to 30° in scapular plane
 - b. IR to tolerance in scapular plane
 - c. Flexion to tolerance
 - d. Limit abduction to 90°
2. Review HEP

2 Weeks

1. Limit ER to 45°@ 45° of Abd
Goal of FF and Abd to 120°
Goal of IR to 30°@ 90° of Abd
2. Continue PROM to above limits
3. Initiate bicep & tricep strengthening
4. Continue with HEP



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Controlled Strengthening Phase

Goals:

- 1. Protect healing repair**
- 2. Begin to strengthen periscapular muscles**
- 3. Initiate AAROM**
- 4. Continue to gradually increase PROM**

4 Weeks

1. Limit ER to 45° @ 90° of Abd
Goal of FF and Abd to 140°
Goal of IR to 45° @ 90° of Abd
2. Continue progressive PROM to above limits
3. D/C sling 4-6 weeks per MD
4. Initiate AAROM (i.e. UBE, pulleys, table slides)
5. Progress HEP as appropriate
6. Continue with modalities to decrease pain and swelling
7. Initiate isometric scapular proprioceptive exercises with shoulder in neutral rotation (i.e. core scap squeezes, lows rows, scap depressions, etc.)

6 Weeks

1. Limit ER to 60° @ 90° of Abd
Goal of FF and Abd to 160°
IR to 50° @ 90° of Abd
2. Initiate manual stretching and joint mobs within ROM limits as indicated avoiding painful stretching
3. Continue with UBE – increase use of affected side
4. Continue with pulleys
5. Progress scapular proprioceptive exercises to PRE (t-band, dumbbell resistance)
6. Initiate scapular proprioceptive exercises with varying degrees of shoulder IR/ER (i.e. robbery)
7. AROM exercises (SL ER, prone flexion, prone horizontal abduction with palm down, flexion in the scapular plane)
8. Stabilization exercises (Body blade, WB stabilization exercises, rhythmic stabilization, etc)

Strengthening Phase

Goals:

- 1. Protect Repair**
- 2. Progress strengthening of scapular muscles; initiate strengthening of RC muscles**
- 3. Progress AAROM to AROM**
- 4. Increase PROM**

8 Weeks

1. Full ROM with flexion, abduction and IR, equal to the unaffected side
2. Goal of ER to 75° @ 90° of Abd



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3. Initiate t-band IR/ER
4. Progress SL ER to PRE
5. Continue to progress AROM exercises (prone horizontal abduction with thumb up, UE PNF)

Advanced Strengthening Phase

Goals:

1. **Progress strengthening**
2. **Continue to increase ER ROM**
3. **Initiate functional strengthening**
4. **Begin functional training (return to sport or work) when appropriate**

10 Weeks+

1. Full ER equal to the unaffected side
2. Continue with RC and scapular PREs
3. Progress single arm prone exercises to blackburns
4. Gradually return the patient to pre-morbid activity level

Return to work/sports per MD recommendation. Patient must have full ROM and 5/5 strength in all planes to be considered for return to sports and jobs requiring manual labor/lifting.