



Anterior Stabilization/ Multidirectional Stabilization/ Capsular Shift/ Bankart Repair Rehabilitation Guidelines

Phase 1: Immediate motion – maximal protection phase

Goals: Allow healing of the sutured capsule/labrum
Begin early protected ROM
Retard muscle atrophy
Decrease pain and inflammation

➤ Day 0-14:

- ◆ Sling for 6 weeks
- ◆ Gentle AAROM with wand and PROM
 - Flex to 90°
 - AB to 90°
 - ER at side to neutral (No AB & ER during first 6 weeks)
 - IR at side to tolerance
- ◆ Elbow/Wrist ROM
- ◆ Gripping exercises
- ◆ Submax isometric ER, IR, AB, biceps in neutral, deltoid
- ◆ Modalities PRN

➤ Weeks 2-4:

- ◆ Gradually progress ROM
 - Flex 90°-120°
 - AB 90°-120°
 - ER at side 15°-20°
 - IR 45°-60°
 - Shoulder extension up to 20°
- ◆ Initiate light theraband for AB, SS, ER at side and biceps (no IR)
- ◆ Initiate scapular strengthening (scap, retraction/protraction, & supine SA protraction)

- **Weeks 5-6:**
 - ◆ **D/C sling @ 6 weeks**
 - ◆ Progress ROM as tolerated
 - Flex to 150°
 - AB to 150°
 - ER at side to 30°
 - IR to 65°-90°
 - Shoulder extension
 - ◆ Progress theraband resistance – AB, SS, ER, Biceps
 - ◆ Begin joint mobilization and stretching
 - ◆ Begin Dynamic Stabilization per addendum

- **Weeks 6-7:**
 - ◆ Progress ROM as tolerated
 - Flex 165°-175°
 - AB 165°-175°
 - ER 45°-60° (with 45-90 degrees of AB for open, 45 degrees for arthroscopic)*
 - IR 70°-75° (with 45-90 degrees of AB for open, 45 degrees for arthroscopic)*
 - ◆ Begin UBE at 7 weeks

Phase 2: Intermediate Phase –Moderate protection

Goals: Full Non-painful ROM 9 -10 weeks
 Normalize Arthrokinematics
 Increase Strength
 Improve Neuromuscular Control

- **Weeks 8-10:**
 - ◆ Progress to full ROM all planes to tolerance (closer to 10 weeks for arthroscopic)*
 - ◆ Continue Joint Mobs and stretching
 - ◆ Add self-capsular stretches and flexibility
 - ◆ Add isotonic with light weights, AB, SS, biceps, triceps, posterior deltoid
 - ◆ Add Diagonal PNF patterns supine with manual resistance (D1, D2)
 - ◆ Progress scapular strengthening (bent over rows, theraband rows, SA, wall push-ups)
- **Weeks 10-14:**
 - ◆ Continue all flexibility & self capsular stretches
 - ◆ Continue above strengthening exercises, progressing as tolerated for non-overhead athlete
 - ◆ Initiate “Throwers Ten Exercise” if overhead athlete (see “Throwers Ten” hand out)
 - ◆ Continue UBE
 - ◆ Continue diagonal PNF patterns and progress to theraband
 - ◆ Continue to progress dynamic stabilization per addendum – Advanced
 - ◆ Progress to intermediate dynamic stabilization exercises

Phase 3: Advanced Strengthening Phase – Minimal protection

Goals: Improve Strength/Power/Endurance
Improve Neuromuscular Control
Prepare Athlete to begin to throw if appropriate

Criteria to enter Phase 3:

Full ROM
No pain or tenderness
Satisfactory stability per physician
Strength 70-80% of contralateral side

➤ **Weeks 14-20**

- ◆ Continue all flexibility exercises
 - Self capsular stretches
 - Maintain ER flexibility
- ◆ Continue isotonic strengthening for non overhead athlete
- ◆ Continue “Throwers Ten” if overhead athlete
- ◆ Continue diagonal PNF with resistance
- ◆ Begin light plyometric exercises
 - @ 13-14 weeks start 2 hand, gentle activities – see plyometric addendum
 - @ 14-16 weeks progress to one-handed activities over one month, per plyometric addendum
- ◆ Begin light swimming, if a pool is available

➤ **Weeks 20-24:**

- ◆ Continue isotonic or “Throwers Ten” whichever is appropriate for patient
- ◆ Continue progression of plyometrics per addendum - advanced
- ◆ Isokinetic exercise in neutral position if applicable or required by physician
- ◆ Isokinetic test if required
- ◆ Initiate interval throwers program if overhead athlete
- ◆ General overhead program or aggressive as appropriate if:
 - Full, nonpainful ROM
 - No pain or tenderness
 - Strength 90% of contralateral side
 - Satisfactory physician exam

Phase 4: Return to Activity Phase (6-9 months)

Goals: Progressively increase activities to prepare patient for full functional return

Criteria to enter Phase 4:

Full non painful ROM
Satisfactory stability (determined by physician)
Satisfactory strength
No pain or tenderness

- Continue capsular stretching to maintain mobility
- Continue isotonic or “Throwers Ten” whichever is appropriate for patient
- Progress appropriate interval throwing program for overhead athlete
- Return to activity & throwing/sport unrestricted based on MD approval and completion of rehab