



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ANTERIOR INSTABILITY REPAIR (LABRAL STABILIZATION) WITH / WITHOUT REMPLISSAGE

PHYSICAL THERAPY PROTOCOL

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Patient: _____

Date of Surgery: _____

Procedure: Right / Left Shoulder Anterior Stabilization/Bankart Repair

*****Associated osseous procedure (circled if applicable): Osseous Bankart repair**

___ Evaluate and Treat

___ Provide patient with home program

Frequency: _____x/week x _____weeks

Phase I (0-4 wks if typical Bankart; 0-6 wks if osseous Bankart)*: Period of protection:**
In general, sling should be worn at all times during this phase (except for hygiene and PT).



Motion and strengthening exercises are performed within strict motion limits.

Weeks 0-1: No formal PT.

- 1 Sling at all times (except for hygiene and pendulums).
- 2 Home exercises only (pendulums, elbow + wrist ROM, grip strengthening).

Weeks 1-4 (1-6 if osseous Bankart): Begin formal PT (2-3 x/wk).

- 1 Sling at all times (except for hygiene and PT).
- 2 ROM: Restrict motion to 90 deg FF / 20 deg ER at side / IR to stomach / 45 deg abduction.
 - Progress PROM → AAROM → AROM as tolerated within the above limits
 - Hold cross-body adduction until 6 wks post-op.
 - Heat before, ice after.
- 3 Strengthening: Cuff/periscapular/deltoid isometrics in sling only.

*****Note: if an osseous Bankart repair was performed, the above protection phase should last 6 weeks.**

Phase II (4-8 wks for typical Bankart; 6-8 wks if osseous Bankart): *Transition to active motion and protected strengthening.*

- 1 D/C sling if cleared by MD (*will keep sling until 6 wks if osseous Bankart repair performed*)
- 2 ROM: Progress AROM 160 deg FF / 45 deg ER with arm at side / 160 deg ABD/IR behind back to waist
- 3 Strengthening:
 - Progress cuff/deltoid and periscapular strengthening (isometrics/light bands) within above motion limits
 - Modalities as per PT discretion

Phase III (8-12 wks): *Advance ROM and more aggressive strengthening.*

- 1 ROM: Advance passive ROM to full with gentle passive stretching at end ranges. Advance to full active ROM as tolerated.
- 2 Strengthening:
 - Advance as tolerated from isometrics → bands → light weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (*Only do this 3x/wk to avoid cuff tendonitis*)

Phase IV (3-12 months): *Progress to sport-specific/occupation-specific rehab.*

- 1 ROM: If ROM lacking, advance to full via gentle passive stretching at end ranges.



2 Strengthening:

- Continue with light weights 3x/wk.
- Begin eccentrically resisted motions, plyometrics (*weighted ball toss*), proprioception (*body blade*) and closed-chain strengthening.
- Transition to sports-specific/job-specific rehab and advanced conditioning as tolerated.

3 Throwing:

- @ 4.5 months - if full-strength – can return to light tossing
- @ 6 months, throw from the pitcher's mound and/or return to collision sports (hockey, football, etc.)

4 Work:

- Overhead work without lifting is usually possible @ 4.5-6 months
- Resume heavy labor once full-strength achieved (usually by 6-9 months)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD