

Anterior Shoulder Instability open Capsulorrhaphy/Bankart

Dr. Matthew Hwang

General Considerations:

Evaluate overall laxity of patient's joints

Avoid stressing suture line during early healing. General rule is no stress x 3 weeks, mild stress 3-6 weeks then progress

Time Frame	Treatment	Goals
Motion and Protection 0-3 weeks	<p>Active/active assistive range of motion without stretching suture line. Exercise in the plane of scapula (POS) or forward to protect the anterior capsule. Sling for comfort</p> <p>Hand, wrist, elbow, pendulum UBE CV fitness Shoulder shrugs and scapular routine passive forward elevation (POS) ER and ABD to suture line. Isometrics to all shoulder directions begin active core exercise within range of motion limits</p>	<p>ROM to prescribed limits 3/5 MMT deltoid and rotator cuff</p>
Motion and Control 3-6 weeks	<p>Active/active assistive range of motion mildly stressing suture line within symptoms. D/C sling as comfortable. Stay in the plane of scapula for strengthening.</p> <p>Progress above program add light PRE as tolerated stabilization program OKC/CKC</p>	<p>Comfortable progress towards full ROM 3/5 MMT deltoid and rotator cuff</p>
Strength and endurance 6-12 weeks	<p>Aggressive effort toward full range of motion. D/C plane of scapula protection.</p> <p>Progress above increased resistance and challenges Progress to weight machines Advance Plyoball and proprioception activities Isokinetic's as tolerated</p>	<p>Adequate ROM for desired activities 5/5 MMT shoulder girdle</p>

Function 12-24 weeks	Progress to desired functional activities Progress into sport specific activities	Maintain strength and stability with sport specific activities
Return to sport 3-6 months	Emphasized normal mechanics Progressive sport reentry program	Return to full activity