

Shoulder Stabilisation

Physiotherapy Protocol

A Bankart lesion is a tear of the anteroinferior glenoid labrum, specifically at its attachment to the IGHL complex. It usually occurs in conjunction with an anterior dislocation of the shoulder. Rehabilitation will be determined by the operation i.e. arthroscopic or open repair. If an open repair has been done, avoid forced lateral and resisted medial rotation for 6 weeks in order to protect the subscapularis repair.

Aims of Physiotherapy

- Regain scapular and GHJ stability
- Regain full GHJ AROM, progressing proprioception through open and closed chain exercises
- Regain cuff strength

0 - 2 weeks

- In polysling with bodybelt
- Patient education – post op restrictions and expectations, exercises – including scapula setting, posture, elbow F/E, wrist and hand movements
- Pain relief – medication, icing

2 - 3 weeks onwards

- Review portals and removal of sutures if necessary
- Ensure patient has adequate pain relief if required
- Assess AROM and PROM of shoulder but avoiding > 20° ER
- Allowed AROM and PROM will be determined by consultant after EUA
- Begin active mobilisation of the shoulder again avoiding >20° ER
- Advise patient to avoid combined ABD and ER until 6 weeks post op
- **Sling is removed only for exercises** – this patient group often needs to be 'held back'

6 weeks onwards

- The sling can now be discarded
- Assess and begin active ER past 20°- 45°
- Aim to regain full AROM of shoulder
- Make sure that symmetrical scapular movement

Return to functional activities / sport

- *Driving* earliest at 6 weeks, dependant on consultant's decision
- *Return to work* light duties (desk based) from 2 weeks; heavier duties from 3 months
- *Swimming* breaststroke from 6 weeks; freestyle from 8 - 12 weeks
- *Golf* from 6 weeks
- *Contact sports* from 6 months (football, rugby, horse riding, racket sports), but may be at Consultant's discretion

Consultant Clinic Follow-up at 3 weeks post-op