

Brandon Beamer M.D - *Orthopedic Sports Medicine Specialist*

5317 Golden Foothills Parkway
El Dorado Hills, CA 95762

Ph: 530-344-2070 / Fax: 530-748-0332 / www.brandonbeamermd.com



Notes:

**This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

Estimated Return to Sport:

Modalities: Cryotherapy²⁶
CV/Sporting Exercise: UBE/Bike/Elliptical/TM
Golf: short game

Criterion for Progression:

- 1) Full non painful shoulder AROM
- 2) Shoulder strength grossly 4/5 throughout by MMT
- 3) GH stability by clinical exam
- 4) Improved scapulohumeral mechanics

Phase III – Tissue Remodeling/Hypertrophy Phase (12-20 weeks)

Goals: 1) Improve muscular endurance, strength, and power
2) Normalize Scapulohumeral rhythm
3) Improve neuromuscular control and dynamic stability
3) Progress towards functional overhead activities

ROM: PRN

Manual: Begin posterior capsule stretching^{18,32}

Exercise: Isotonic overhead strength progression
Initiate CKC progression – ball on wall progressing to pushups
Major muscle group strength progression – bench press/lat pulldowns/deltoid progression
(hands in peripheral vision at all times)
Functional strength progression/PNF Diagonals^{14,36,37}
Progress RC strengthening and dynamic stabilization^{9,14,35}
(progressively higher degrees of abduction)
Initiate gentle plyometrics^{14, 27, 36}

CV/Sporting Exercise: Initiate light swimming; Tennis (ground strokes);
Golf

Criterion for Progression:

- 1) Strength $\geq 80\%$ of contralateral side and 5/5 on global MMT
- 2) Normal Scapulohumeral mechanics with OH motions
- 3) Satisfactory stability by clinical exam

Phase IV – Sport Specific Training (weeks 20+)

Goals: 1) Begin sport specific drills
2) Normalize neuromuscular control
3) Prepare for return to sport

Exercise: Sport specific progression (Throwing/Golf/Tennis_
Plyometric Progression

Criterion for Return to Sport: (Recommend combination testing of strength, agility, and power according to available resources/clinic setting)

- 1) Modified ASES $>90\%$
- 2) Patient confidence
- 3) Normal scapulohumeral mechanics with OH motion (by visual inspection)
- 4) Satisfactory stability by clinical exam
- 5) No pain during sporting activity (throwing/tennis swing/golf swing)
- 6) Strength measure (1 of 2 options)
 - A: isokinetic testing ER/IR at 30/30/30 at 60/180/300 degrees/sec comparing involved: uninvolved UE and ER/IR ratio
 - B: Handheld dynamometer at 30/30/30 1 rep; hold 5 seconds at midrange
 - C: Functional strength testing (relevant to sport). Consider use of CKCUES test, Single Arm Seated Shot Put Test; Push up test, Modified Pull up test
- 7) ROM: < 20 degrees difference (or $< 10\%$) of total rotation compared to uninvolved arm

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Posterior Bankart Repair/Stabilization

ROM

Sling Use (ER/Gunslinger)

Sling: _____ weeks

With sleep: _____ weeks

Recommended Clinical Guidelines

*Sling use x 4-6 weeks in ER full time

PROM: (0-4 weeks) ^{1,8,10,16,31}

*Flex/abd to 90 degrees

*No IR

*ER to tolerance

AAROM : (weeks 4-6)

Flex to 90-125

ER to tol at 90 deg abd

No IR

AROM: (week 6)

Flex/ER to full

AROM: (week 10)

IR to 30-45 at 90 deg abd

Precautions

*No WB through UE x 12 weeks

*No IR ROM x 6-8 weeks

*No Horizontal add x 6-8 wks

Phase I – Tissue Protection/Healing Phase (0-6 weeks)

- Goals:** 1)Reduce pain and inflammation
2)Minimize adhesion formation, joint stiffness, and muscle atrophy
3)Protect repaired tissue
4)Improve joint stability/proprioception

ROM: PROM per MD restrictions
AAROM (week 4) per MD restrictions

Exercise: Codmans/Pendulum¹⁹
Scapular AROM
Elbow/Forearm/Wrist/Finger AROM
Cervical AROM
Submaximal isometrics in neutral rotation

Manual: PROM per MD restrictions
Soft Tissue Mobilization- cervicoscapular
Scapular Mobilization
Gentle GH mobilization (grade I/II)
Rhythmic stabilization in scapular plane ¹⁴

Modalities: Cryotherapy ²⁶
Electrical Stimulation for pain
Functional Electrical Stimulation – PRN

Criterion for Progression:

- 1)Minimal pain and signs of active inflammation
- 2)PROM flex to 125

Phase II – Tissue Proliferation Phase/Progression Phase (6-12 weeks)

- Goals:** 1)Restore shoulder ROM
2)Initiate gradual strength progression (week 8)
3)Improve dynamic joint stability
4)Restore scapulohumeral mechanics
5)Protect repair – no aggressive IR or horizontal adduction (x 8 weeks)

ROM: AAROM/AROM per MD restrictions
Pulleys/Wand exercises (scapular plane)

Exercise: RC IR/ER at 30/30/30 (gentle ER)^{23,24}
Sidelying ER (gentle ER)^{4,5,13,22,24}
Scaption/Flexion in neutral rotation^{12,28,30,37}
Rowing/Scap retractions (mid/lower trapezius)^{6,7}
Prone shoulder ext/horizontal abduction^{4,5,13,22,30}
Isotonics biceps/triceps

Serratus punch (NWB)
Proprioceptive/Reactive training(open chain)^{9,14}
Manual: PROM/AAROM- PRN
Proprioceptive Neuromuscular Facilitation
Manual Resistive Exercise
GH joint mobilization (grade III/IV) ant/inf glide