

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

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## 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 / Work:**

**Manual:** GH joint mobilization (grade III/IV)  
PNF MRE<sup>13,24</sup>

**Modalities:** Cryotherapy<sup>40</sup>

**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

4) Progress towards functional overhead activities

**ROM:** PRN

**Manual:** PRN as previous

**Exercise:** Isotonic overhead strength progression

Major muscle group strength progression – bench press/pushups/lat pulldowns/deltoid progression  
*(hands in peripheral vision at all times)*

Functional strength progression/PNF Diagonals<sup>25,52,53</sup>

Progress RC strengthening and dynamic stabilization<sup>17,25</sup>  
*(progressively higher degrees of abduction)*

Initiate gentle plyometrics<sup>25,41,52</sup>

**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 overhead motions
- 3) Satisfactory stability by clinical exam

### Phase IV – Sport Specific Training (weeks 20+) \*or sooner if cleared by MD

**Goals:** 1) Begin sport specific drills

2) Normalize strength and 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, ROM, function, 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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## Bankart Repair/Anterior Stabilization

### ROM

### Sling Use

Sling: \_\_\_\_\_ weeks

With sleep: \_\_\_\_\_ weeks

### Recommended Clinical Guidelines

\*Sling use x 3 weeks full time at 30 degree abd.<sup>1,5,27,35,38,43,45</sup>

\*Sling for comfort weeks 4-6

\*D/C sling week 6

\*PROM 0-4 weeks<sup>1,5,11,27,38,45</sup>

\*AAROM weeks 4-6 <sup>1,5,11,27,38,45</sup>

\*AROM week 6

PROM: (0-4 weeks) <sup>18,33,43,45</sup>

Flex/abd < 80 degrees

IR to belly (in scapular plane)

ER 0-30 degrees (in scapular plane)

**\*\*No Horizontal adduction**

### Precautions

\*Avoid combined abd/ER ROM x 8 weeks<sup>38</sup>

\*Arms in peripheral vision at all times during strengthening

### Phase I – Tissue Protection/Healing Phase ( 0-4 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

**Exercise:** Codmans/Pendulum<sup>31</sup>  
Scapular AROM  
Elbow/Forearm/Wrist/Finger AROM  
Cervical AROM  
Submaximal isometrics in neutral rotation (*week 2 – except IR if subscapularis repair in open repair*)<sup>16,31,43</sup>

**Manual:** PROM per MD restrictions  
Soft Tissue Mobilization- cervicoscapular  
Scapular Mobilization  
Gentle GH mobilization (grade I/II)  
Rhythmic stabilization in neutral rotation (week 2)<sup>25</sup>

**Modalities:** Cryotherapy<sup>40</sup>  
Electrical Stimulation for pain

### Criterion for Progression:

- 1)Minimal pain and signs of active inflammation
- 2)PROM flex/abd to 80, ER 45-70, IR to belly

### Phase II – Tissue Proliferation Phase/Progression Phase (5-12 weeks)

- Goals:** 1)Restore PROM week 6/AROM week 12  
2)Initiate gradual strength progression (week 8)  
3)Improve dynamic joint stability  
4)Restore scapulohumeral mechanics  
5)Protect repair – no aggressive combined abd/ER (x 8 weeks)

**ROM:** AAROM/AROM per MD restrictions  
Pulleys/Wand exercises

**Exercise:** RC IR/ER at 30/30/30<sup>35,37</sup>  
Sidelying ER<sup>6,7,22,36</sup>  
Scaption/Flexion in neutral rotation<sup>10,20,42,44,53</sup>  
Rowing/Scap retractions (mid/lower trapezius)<sup>9</sup>  
Prone shoulder ext/horizontal abduction (in ER)<sup>6,7,22,36,44</sup>  
Bear Hug/Scapular punch<sup>8</sup>  
WB UE exercise – Wall push up/push up plus<sup>8,9,17,25</sup>  
Isotonics biceps/triceps  
Proprioceptive/Reactive training(open/closed chain)<sup>17,25</sup>

**Manual:** PROM/AAROM- PRN  
Initiate posterior shoulder stretching (week 6)<sup>26,28,29</sup>  
Proprioceptive Neuromuscular Facilitation  
Manual Resistive Exercise