

Dr. Bercik Arthroscopic SLAP/ Bankart Repair Protocol

After a SLAP or Bankart repair, it is critical to get healing of the labrum and capsule down to the rim of the glenoid. Therefore, it is important to protect the repair for six weeks after surgery.

Work and activity restrictions are consistent after SLAP/Bankart repair:

- 0 – 6 weeks: No work, no use of operative hand
- 6 weeks – 3 months: 5lb weight limit in the operative hand (ideally nothing heavier than a fork/knife/toothbrush). Can return to work opposite hand only
- 3 months: No lifting greater than 10 pounds, only occasional overhead reaching
- 4 months: No lifting greater than 20 pounds
- 5 months: No lifting greater than 30 pounds
- 6 months: Released from restrictions, return to work full duty
- Return to sport 5-6 months; minimum of 6 months for contact sports and climbing
- Initiation of throwing program at month 4 with goal of return to game at 9 months

0-2 weeks: Protect Repair

- Sling at all times except elbow/wrist/hand exercises

2-6 weeks: Begin gentle, restricted ROM

- Begin formal physical therapy at 4 weeks post op
- At 4 weeks post op, the patient can begin weaning out of the sling during the day as comfort dictates. Continue to wear sling at night.
- At 4 weeks post op, begin JPL Exercises Phase I
 - 3-5 Repetitions per set, 5 sets per day.
- Continue elbow/wrist/hand ROM exercises

6 weeks – 3 months: Regain ROM

- Sling may be completely, active reaching of the arm is okay, avoiding abduction/external rotation
- 5lb weight limit on the operative side
- Transition to JPL Phases II & III as the patient tolerates
 - 3-5 Repetitions per set, 5 sets per day

- In physical therapy, focus on AROM, AAROM, PROM in ER, flexion, internal rotation
 - External rotation (Limit ER to 75% of contralateral shoulder, per patient tolerance), Flexion, Sleeper stretch, Internal rotation stretch (cross body, and up back with towel), External rotation at 90 degrees
- Begin gentle strengthening exercises with theraband: internal rotation, external rotation, low row, biceps curl
 - Strengthening exercises only 1 time per day - begin light
- Progressive resisted exercise's (PREs) for scapular stabilizers (seated rows, shoulder extension, scapular retraction)
- Dynamic resistance with proprioceptive neuromuscular facilitation (PNF) patterns and manual techniques
- Begin closed kinetic chain (CKC) exercise with table/wall weight shifts

3 months: Strengthening

- Patient can use the operative extremity to lift 10 lbs for 1 month, then advance to 20 lbs for 1 month, and expect no restrictions at 6 months post op
- Begin sport specific training
- Progress PREs in all planes
- Rhythmic stabilization ie. prone medicine ball eccentric drops, free
- Throws, ball taps, etc
- Progress CKC exercises
- Normalize strength, endurance, neuromuscular control, and power
- Gradual and planned build up of stress to anterior capsulolabral tissues
- Gradual return to full ADLs, work, and recreational activities
- Terminal external rotation stretches
- Overhead lifting and pull-ups at 4 months

Goals to Progress to Return to Sport

1. Progress functional activities towards return activity or sport
2. Enhance neuromuscular control
3. Improve strength, power, and endurance
4. Muscular strength no less than 80% of contralateral side
5. Full functional ROM and 5/5 scapular and rotator cuff strength