THE ROBERT JONES AND AGNES HUNT ORTHPAEDIC HOSPITAL NHS FOUNDATION TRUST

REHABILITATION GUIDE FOLLOWING BANKART REPAIR/ LATARJET PROCEDURE
(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

Indications
Performed for recurrent anterior dislocation or instability.

Procedure
Bankart -underlying sclerotic glenoid is roughened and detached labrum anchored against the bone via sutures.
Latarjet – Is performed when there is bone loss from the front of the glenoid. The coracoid is transferred with its attached muscles to the front of the glenoid giving extra stability.

Post op Summary
6/52 – forward flexion not beyond 90°, abduction 90°
3/52 ER to neutral, 3-6/52 ER to 30° if not under tension
Sling 3/52 (body belt at surgeons instruction)
Latarjet – treat as Bankart but no Biceps resistance 6/52

No ERAB (external rotation abduction) for 12/52

NB: In the first phase of rehabilitation the guidelines are based on maintaining integrity of repair and scapula stabilisation **NOT** ROM or Strengthening

TIMESCALE	REHABILITATION EXERCISES	GOALS
Day 1 – 3	• Shoulder girdle ex's/ cervical spine • Scapula setting/ postural correction • Wrist, hand and elbows exs • AAROM forward flexion to 70° (once block worn off) • External rotation to neutral (once block worn off)	• **Check if specific post-operative instructions have been given and amend the guide accordingly** • Good understanding of post- operative rehabilitation • No complications following surgery • Control of pain with adequate pain relief • Sling to be worn (except when washing or exercising) • Teach sling application and axillary hygiene • Normal sensation returned to limb
Day 3 - 3 weeks	• Commence isometric rotator cuff exercises • Active assisted shoulder flexion and abduction < 90° • Cuff exercises for opposite arm incorporating kinetic chain • Proprioceptive exercises below shoulder height minimal WB→operated arm→in 90º flex on wall • Scapula exercises • Lower limb, trunk and core stability exercises as appropriate	• Sling to be worn (except when washing or exercising) • Commence scar tissue management after 10 days • Return to sedentary work as tolerated • Encourage dally walk or light CV work such as exercise bike within sling • HBB for personal care within comfort levels
3 - 6 weeks	• Commence gentle active flexion and abduction up to 90° • Active assisted→active external rotation to 30º within comfortable range • Active IR HBB • Focus on proprioceptive exercises around 90º flex 4pt kneel→alternate arms/legs • Consider early plyometric drop/catch in scaption with light object • Level 1 exercises (within protocol constraints) • Scapula stabilisation programme	• Wean off sling around house, may continue to wear when out and about • **NO** combined External Rotation Abduction • Active elevation/abd to 90º by 6/52 • Return to driving 6/52 safe from surgical perspective but competency to drive is the responsibility of the individual patient • Light lifting 3/52 • Maintain CV fitness • Progress LL, trunk and core exs

6 – 12 weeks	• Progress to full physiological ROM • Progress to loading rotator cuff muscles when 2/3 ROM of non-operated side- in neutral/45º/90º/supine/standing/prone in flex/abd • Increase proprioception through open and closed chain exercises – full plank, half side plank→full side plank, plank with reaches • Progress through Level 2 exercises to Level 3 as appropriate • LL, trunk and core exs at high level including loading focused on future sporting and occupational activities • Plyometric / ballistic exercise- progress drop/catch and low→chest→face throws, wall press	• Regain scapula and gleno humeral stability for shoulder joint control rather than range • Ensure good scapulothoracic rhythm • Gradually increase ROM • Treat any posterior capsule tightness • In the case of patients who do not have a definite end feel, rehabilitation may be extended, and they should avoid vigorous stretches • The emphasis in patients who quickly demonstrate full AROM should be on dynamic control • Minimum of 80% ER side by 12/52 (compared to contralateral side) • Normal movement pattern through range by 12/52 • Breast stroke swimming 8/52 • Y balance test • Posterior shoulder endurance test (1-2kg wt repeated prone lying abd to fatigue then compare to contralateral side) • Global joint mobility and stability assessment using functional movement screen
12 weeks onwards	• Increase kinetic chain activities including combined abduction and external rotation exercises • Increase, load, speed, perturbation and direction of activities • Drop/catch in ERAb/IRAb • Overhead throw • Falling press ups against wall→ waist level → plyo press ups with claps → doorway falls and falling progressions • Sport specific exercises	• No apprehension • Return to manual work after 12/52 • Freestyle swimming 3/12 • Golf 3/12 • Contact sports 6/12 • Heavy lifting 3/12 • CKCUEST (plank touch test) >21 touches in 15 seconds • JAMAR grip strength measure correlates with global UL strength • Single arm hop test • Psychological readiness to return to sport scale

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