University of Washington Shoulder and Elbow Service
General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

After Bankart Repair – 831.01 (anterior dislocation); 719.51 (stiff shoulder); 728.87 (weakness, muscle)

Interventions:

in hospital:

Instruct in, and begin, self-assisted elevation and external rotation on post-op day 0 or 1. Also begin isometrics for shoulder external rotators. Goals vary, dependent on the tissue. For patients who are very flexible, generally of a younger age, the usual goals are 90^0 elevation and 0^0 external rotation. Both of these are goals as well as limits.

Graph progress on wall charts.

Instruct in, and begin, elbow range of motion, as tolerated, immediately. Because this patient population will generally be moving their shoulder less during their rehabilitation, it makes them more comfortable to keep their elbows moving.

Instruct in axillary hygiene to avoid rash/yeast infections.

Provide with written copy of home exercises to be done 5 times/day and precautions regarding keeping arm use below the level of the shoulder.

Biggest challenge throughout the first 6 weeks is to tailor the exercises to achieve the right amount of motion at the right time.

after discharge:

At 1 week, it's a good opportunity to check patient's motion. If moving easily to the 90^0 and 0^0 targets, may be wise to stay at those levels and have the patient back a week later.

At 2 weeks, recheck motion. If doing well, advance to 120^0 and 20^0 degrees respectively. Encourage the patient to gradually increase their motion, aiming for 140^0 and 40^0 at the 6-week point. Start strengthening for scapular stabilizers.

At 6 weeks, work on motion to achieve motion equivalent to that of her/his other shoulder. Evaluate for any interventions needed with regard to posture.

Therapy goals (before discharge from hospital):

90^0 assisted elevation to allow eventual active overhead reach
0^0 assisted external rotation to allow eventual progression to full function and prevention of secondary impairments
independence in home exercise program
understanding of precautions

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.
Return to see therapist at 1, 2, 6 and 12 weeks post op.

Precautions/restrictions:

If the subscapularis was incised and repaired, no resisted internal motion for 6 weeks.

no pushing, pulling, or heavy lifting for at least 6 weeks and at that point a gradual resumption of those activities.
long term: when have achieved flexibility and strength equal to the opposite side, and it's been at least 3 months since surgery, then can gradually resume desired activities.

Usual visits to therapist occur at 1 week to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises. If the patient's shoulder seems to be on the stiff side, consult with surgeon regarding a faster rate of progress for regaining motion. At 6 weeks to again monitor motion and instruct in new exercises (primarily strengthening) and assess need for posture interventions, and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals.

Total number of physical therapy visits post-op: 3-8
Duration: 6-20 weeks