

## Bankhart Repair Protocol

**If the patient has a concurrent rotator cuff repair, follow the rotator cuff repair protocol but observe ER limitations.**

Phase I	Phase II	Phase III
(Weeks 0 - 4)	(Weeks 4 - 12)	(Week 12 - Discharge)
<p><b>Regular therapy visits (for early PROM) is at the therapist's and surgeon's discretion, but should begin by the fourth week with Phase II guidelines.</b></p> <p style="text-align: center;"><b>EDUCATE</b></p> <ul style="list-style-type: none"> <li>• Self Care</li> <li>• Home ice use</li> <li>• Sling – 4 weeks for open or arthroscopic repairs (May be removed for dressing, hygiene, and tabletop use of hand, wrist, or elbow)</li> <li>• Warning Signs - fever, chills, redness, swelling</li> </ul> <p style="text-align: center;"><b>PROM GUIDELINES</b></p> <ul style="list-style-type: none"> <li>• FLEX: 0-90°</li> <li>• EXT: 0-25°</li> <li>• ABD: as tolerated &lt; 45°</li> <li>• ER: up to 30° in scapular plane</li> <li>• IR: as tolerated</li> </ul> <p style="text-align: center;"><b>EXERCISES</b></p> <ul style="list-style-type: none"> <li>• Pain-free gentle pendulums</li> <li>• AROM: elbow, wrist, hand</li> <li>• Scapular exercises</li> <li>• Isometrics, in neutral, pain-free (if open repair, no IR isometrics for 6 weeks)</li> </ul>	<p style="text-align: center;"><b>PROM GUIDELINES</b></p> <ul style="list-style-type: none"> <li>• FLEX: 0-140° (week 6) 0-160°+ (week 8)</li> <li>• EXT: 0-45°</li> </ul> <p style="text-align: center;"><b>EXERCISES</b></p> <ul style="list-style-type: none"> <li>• Begin scapular stabilization*</li> <li>• Begin wand and/or pulley assisted AAROM</li> <li>• Supine FF stretch</li> </ul> <p style="text-align: center;"><b>Week 5</b></p> <ul style="list-style-type: none"> <li>• Begin AROM</li> <li>• UBE with minimal resistance</li> </ul> <p style="text-align: center;"><b>Week 6</b></p> <ul style="list-style-type: none"> <li>• Begin IR isometrics (for open repair)</li> <li>• <i>Gentle and pain-free</i> manual joint stretching may begin at 6 weeks if ROM is limited, excluding stress to the anterior capsule</li> </ul> <p style="text-align: center;"><b>Week 7-8</b></p> <ul style="list-style-type: none"> <li>• PREs* at 7-8 weeks based on tolerance</li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="margin: 0;"><b><u>Isotonic PRE Examples</u></b></p> <p style="margin: 0;">*2 oz. = dinner knife</p> <p style="margin: 0;">*4 oz. = can of tuna</p> <p style="margin: 0;">*10 oz. = soup can</p> <p style="margin: 0;">*1 lb. Weight</p> <p style="margin: 0;">*2 lbs., 3lbs., etc.</p> <p style="margin: 0;"><b><u>Example Goals:</u></b></p> <p style="margin: 0;">Overhead athlete, 3-5 lbs.</p> <p style="margin: 0;">General candidate, 1-3 lbs.</p> <p style="margin: 0;"><b>Progress only if pain free.</b></p> </div> <p style="font-size: small; margin-top: 10px;"><i>*Some surgeons prefer that their patients not receive <b>rotator cuff</b> specific strengthening with elastic resistance. This does not always apply to <b>scapular</b> specific exercises.</i></p>	<p style="text-align: center;"><b>ROM GUIDELINES</b></p> <ul style="list-style-type: none"> <li>• ROM is expected to be WNL for all motions. If the patient is a high-level athlete, more than 90 degrees of ER may be needed.</li> </ul> <p style="text-align: center;"><b>RETURN TO SPORTS/WORK</b></p> <ul style="list-style-type: none"> <li>• The surgeon must clear “Full Force” status and Throwing Program if patient is to return to sports, heavy manual labor, etc.</li> <li>• Consider referral to sports specific rehab therapist if patient is returning to sport.</li> </ul>
<p><b>General Outcomes:</b> protect the surgical repair, maintain regional joint mobility, and control swelling and pain.</p>	<p><b>General Outcomes:</b> progress PROM values, begin strengthening, and stress patient independence with home program.</p>	<p><b>General Outcomes:</b> restore functional use of involved extremity for all required activities (work, sports, daily activities, etc.)</p>