OPEN BANKART LESION REPAIR REHAB PROTOCOL Dr. Brent Carlson Patient \_\_\_\_\_ DOS\_\_\_\_\_ Chippewa Valley Orthopedics & Sports Medicine 4212 Southtowne Drive 757 Lakeland Drive. Suite B Eau Claire, WI 54701 Chippewa Falls, WI 54729 WEEK 2 WEEK 3 WEEK4 WEEK 5 WEEK 6 WEEK 7 WEEK 8 WEEK 9-WEEK 1 **BEGINS DOS** 12 10°/wk until FULL PASSIVE ER 0 10 20 30 40 50 0 degrees 10°/wk ACTIVE/ -20 to -10 0 0 0 10 20 30 40 AAROM ER degrees until **FULL PASSIVE** 90 **FULL** Increase as tolerated **FLEXION** ACTIVE/AA 60 Increase as tolerated **FULL FLEXION** IMMOB/ Wean as tolerated yes ves SLING 2-3 2-3 2-3 2-3 2-3 2-1 PT visits/wk 0 2-3 2-3 AROM (cervical. PROM AAROM (shoulder) progress to controlled, painfree AROM elbow, wrist. shoulder **EXERCISES** hand) ADVANCED **PENDULUMS** PRE PNF, prone, JOINT MOBS (grade I & II) Overhead ADVANCED SCAP STABIL NOTE: AA FLEX/EXT Pushup+, Flexion progressed as tolerated. (swiss ball, wand, seated, pulleys) Press-up. PT visits/wk can vary. SCAP MOBS/STAB Reverse Individual exercise progression Corner press (swiss ball, reach & roll to chest, retraction/depression, serratus) may vary. Side lying ISOMETRICS (ER, FLEX, EXT, ABD) shoulder, UBE **FOLLOW MD's INSTRUCTIONS** reach & roll PLYO-4-6 MONTHS initiate return to functional work/sport PRE's below shoulder height **METRICS** Tubing, dumbbells ANY QUESTIONS? PLEASE CONTACT: As needed SEATED ROW for work NORTHWOODS THERAPY ASSOCIATES and sport Eau Claire, WI Chippewa Falls, WI 715-839-9266 715-723-5060

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