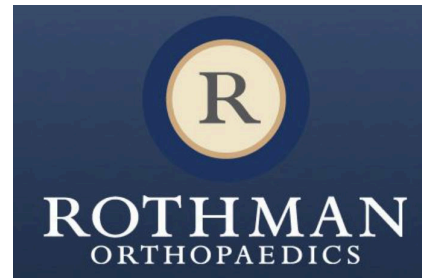


Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY
Phone: 914-580-9624
Montanna.Casey@rothmanortho.com
Mackenzie.Lindeman@rothmanortho.com
Terry.Lin@rothmanortho.com
www.brandonericksonmd.com



ANTERIOR INSTABILITY / BANKART REPAIR PHYSICAL THERAPY PROTOCOL/PRESCRIPTION

Name _____

Diagnosis s/p RIGHT/LEFT Anterior Labral Repair

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

Weeks 0-1: Home exercise program given post-op

_____ Weeks 1-4:

Restrict motion to 90°FF/ 20° ER at side/ IR to stomach/ 45° ABD, PROM AAROM AROM as tolerated

Hold cross-body adduction until 6 weeks post-op

Isometric in sling

Sling for 4 weeks

Heat before/ice after PT sessions

_____ Weeks 4-8:

D/C sling @ week 4

Increase AROM 140°FF/ 40°ER at side 60°ABD/ IR behind back to waist

Strengthening (isometrics/light bands) within AROM limitations, horizontal abduction exercises

Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc.)

Physical modalities per PT discretion

_____ Weeks 8-12:

If ROM lacking, increase to full with gentle passive stretching at end ranges

Advance strengthening as tolerated: isometrics bands light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

_____ Months 3-12:

Only do strengthening 3x/week to avoid rotator cuff tendonitis

Begin UE ergometer

Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.

Begin sports related rehab at 3 months, including advanced conditioning

Return to throwing at 4 months

Throw from pitchers mound at 6 months

MMI is usually at 12 months

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning Teach HEP

Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis Heat before Ice after

_____ Trigger points massage _____ TENS Therapist's discretion

Signature _____ Date _____