

**Dr. Franky Davis**  
**Sterling Center Orthopedics and Sports Medicine**  
**Physical Therapy**  
**Anterior Stabilization with Bankart Repair**  
**Post Operative Protocol**

**Phase I – Maximum Protection (Weeks 0 to 4):**

**Weeks 0 to 2:**

- › Sling for 4 weeks
- › Passive range of motion
- › Flexion to 90°
- › External rotation to 0° at 0° abduction
- › Scapular stabilization exercises
- › Wrist and hand exercises

**Weeks 2 to 4:**

- › Flexion to 120° increase by 10° per week
- › External rotation 30° at 0° abduction and 15° at 45° abduction
- › Full internal rotation

**Phase II – Progressive Stretching and Active Motion Phase (Weeks 4 to 6):**

**Weeks 4 to 5:**

- › Active range of motion
- › External rotation 45° at 0° of abduction and 30° at 45° abduction
- › Full flexion and internal rotation
- › Sub-maximal rotator cuff isometrics

**Weeks 5 to 6:**

- › External rotation full at 0° abduction, 45° at 45° abduction; 30° at 90° of abduction
- › Full flexion and internal rotation
- › Proprioception drills emphasizing neuromuscular control

**Phase III – Strengthening Phase (Week 6 to 10):**

- › Full external rotation at 0° and 45° abduction; 45° of ER at 90° abduction increasing by 10° - 15° per week, should achieve 90° ER at 90° of abduction by week #10
- › Full flexion and internal rotation
- › Resisted rotator cuff and scapular strengthening program
- › Scapular stabilization exercises
- › Proprioception and neuromuscular control drills

**Phase IV – Advanced Strengthening and Plyometrics Drills (Weeks 10 to 16):**

- › Full flexion and internal rotation,
- › Full External rotation no aggressive stretching
- › Gym strengthening protect the anterior capsule.
- › Initiate closed kinetic chain strengthening
- › Plyometric and rebounder exercises

**Phase V – Return to Activity (4 to 6 months):**

- › Follow-up Examination With Physician
- › Initiate Interval Throwing Program with >90% MMT RC and scapular stabilizers