



Labral Surgical Repair – REVERSE Bankart

Goal of Surgery

- to re-establish normal stability of the joint and maintain a good range of motion.

Surgical Procedure

- identify and address pathology (or damage)
- involves either repairing the ligaments that run in the joint capsule that have been pulled off the edge of the socket or tightening abnormally loose glenohumeral ligaments.

Post Operative Protocol

Wear your abduction pillow for 6 weeks (including night time) to protect your repair.

NO physiotherapy until after your first assessment at 6 -7weeks post-surgery.

Cracking/popping sounds (similar to cracking knuckles) are common and part of the regular post-operative course.

Weeks 0 – 12

- NO cross arm adduction maneuvers (avoid posterior capsular stress) or pressing activities

Weeks 0 – 6

- External rotation sling full time
- Wrist/forearm/elbow exercises/range of motion
- RC and deltoid isometrics
- Grip strengthening
- NO forward flexion in frontal plane
- NO forward flexion combined with internal rotation
- NO lifting

Weeks 4 – 6

- Forward elevation in the plane of the scapula

After 6 Weeks

- Gentle ROM
- Resisted program (see weight training)
- Rotator cuff & scapular strengthening

Weight Training

- No long lever arms
- No abducted positions
- No impingement positions
- Avoid posterior capsular stress (i.e. cross arm adduction maneuvers)
- Focus on posterior cuff, latissimus and scapular muscle strengthening (stress eccentrics)

Return to Activities

- Computer - As soon as tolerated
- Running - 6 weeks
- Golf - 12 weeks
- Tennis - 4 months
- Throwing (toss) - 4 months
- Contact sports (including mountain biking, skiing, snowboarding) - 6 months