



REHABILITATION GUIDELINES POSTERIOR CAPSULAR RECONSTRUCTION OR REVERSE BANKHART

This procedure is performed for patients with chronic posterior instability and posterior dislocations. In this procedure the infraspinatus and posterior capsule are tightened. A successful outcome is dependent on five weeks of immobilization in an externally rotated and slightly abducted position. After three weeks of ROM the patient must begin aggressive strengthening of the posterior shoulder muscles in order to obtain a stable joint. Functional goal of being able to reach across the front of body and not necessarily symmetrical internal rotation.

WEEKS 1-5

DOS:

- Patient is placed in a shoulder immobilizer.
- Elbow / wrist range of motion begins immediately post op.
- Biceps isometrics are also permitted.
- Gentle PROM for forward flexion and abduction.

6-8 WEEKS POST-OP

DATE:

- Begin PROM in all planes with light internal rotation and crossed arm adduction stretches.
- Allow some AROM: no internal rotation with adduction, no internal rotation with abduction
- May also begin bicep/ triceps strengthening.
- Isometrics for internal rotation, external rotation, forward flexion, abduction, and extension.

8 WEEKS POST-OP

DATE:

- Continue stretches until full ROM: more aggressive stretching is now permitted.
- Begin a strengthening program with theraband resistance, progressing to weight, focus should be placed on external rotation, seated rows, and other exercises to strengthen the posterior shoulder muscles.
- Active shrugs and active abduction ok if firing post capsule

3 MONTHS POST-OP

DATE:

- PROM for internal rotation and some force allowed.
- Return to hands and knees position
- Return to pushup when good external strength (~4 months)
- Return to riding a bike – 3 months
- Return to sport
 - Golf – 3-4 months
 - Contact (football, rugby, wrestling) – 5-6 months

LONG TERM RESTRICTIONS

Heavy bench press is not a good idea. Stick with high reps/low weight