

## **OSWESTRY POST OPERATIVE REHABILITATION GUIDELINE** **ARTHROSCOPIC BANKART REPAIR/ LATARJET PROCEDURE**

### **Indications**

Performed for recurrent anterior dislocation or instability.

### **Procedure**

Bankart -underlying sclerotic glenoid is roughened and detached labrum anchored against the bone via sutures.

Latarjet – Is performed when there is bone loss from the front of the glenoid. The coracoid is transferred with its attached muscles to the front of the glenoid giving extra stability.

### **Post op Summary**

6/52 – forward flexion not beyond 90°, abduction 90°

3/52 ERS to neutral, 3-6/52 ERS to 30° if not under tension

Sling 3/52 (body belt at surgeons instruction)

Latarjet – treat as Bankart but no Biceps resistance 6/52

No ERAB (external rotation abduction) for 12/52

NB: In the first phase of rehabilitation the guidelines are based on maintaining integrity of repair and scapula stabilisation **NOT** ROM or Strengthening

### **Post Operative Treatment**

#### **Day 1 – 3**

- Sling to be worn (except when washing or exercising)
- Teach sling application and axillary hygiene
- Shoulder girdle ex's/ cervical spine
- Scapula setting/ postural correction
- Wrist, hand and elbows exs
- AAROM forward flexion to 70° (once block worn off )
- External rotation to neutral (once block worn off)

#### **Day 3 - 3 Weeks**

- Sling to be worn (except when washing or exercising)
- Commence isometric rotator cuff exercises
- Active assisted shoulder flexion and abduction < 90°
- Cuff exercises for opposite arm incorporating kinetic chain
- Proprioceptive exercises below shoulder height minimal WB
- Scapula exercises
- Core stability exercises as appropriate
- Commence scar tissue management after 10 days

### **3 – 6 Weeks**

- Wean off sling around house, may continue to wear when out and about
- Commence gentle active flexion and abduction up to 90°
- Active assisted external rotation to 30° within comfortable range
- Focus on proprioceptive exercises below 90°
- Level 1 exercises (within protocol constraints)
- **NO** combined External Rotation Abduction
- Scapula stabilisation programme

### **6 – 12 Weeks**

- Regain scapula and gleno humeral stability for shoulder joint control rather than range
- Ensure good scapulothoracic rhythm
- Gradually increase ROM
- Gentle stretches to full physiological elevation
- Progress to strengthen rotator cuff muscles when good ROM
- Increase proprioception through open and closed chain exercises
- Progress core stability
- Treat any posterior capsule tightness
- Gentle stretches in external rotation to physiological EOR
- Progress through Level 2 exercises to Level 3 as appropriate
- Kinetic chain exs
- Plyometric / ballistic exercise

It should be noted that in the case of patients who do not have a definite end feel, rehabilitation may be extended, and they should avoid vigorous stretches.

The emphasis in patients who quickly demonstrate full AROM should be on dynamic control.

### **12 weeks**

- Increase kinetic chain activities including combined abduction and external rotation exercises.
- Increase, load, speed and direction of activities
- Sport specific exercises

<b>MILESTONES</b>	
Active elevation to 90°	6/52
Minimum 80% ext rot at side compared to asymptomatic shoulder	12/52
Normal movement pattern through range.	12/52

FUNCTIONAL ACTIVITIES		
Return to work- Sedentary		As tolerated
- Manual		3/12
Driving		6 /52
Swimming	- Breaststroke	6/52
	- Freestyle	12/52
Contact sport		6/12
Golf		3/12
Lifting	- Light	3/52
	- Heavy	3/12 if good control achieved

**\* LATARJET PROCEDURE: Post op procedure as per Bankarts repair but NO resisted biceps for 6 weeks.**

**Catrin Astbury/ Jayne Brown/ Julie Lloyd Evans  
Clinical Specialist Physiotherapists Upper Limb : June 2019**

**Review Date : June 2021**

**Tel: 01691 404408**

**E Mail: [catrin.astbury@nhs.net](mailto:catrin.astbury@nhs.net) / [jayne.brown18@nhs.net](mailto:jayne.brown18@nhs.net) / [julie.lloyd-evans@nhs.net](mailto:julie.lloyd-evans@nhs.net)**