



### **Bankart Repair**

#### Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
  - You may use it 20 minutes on, 20 minutes off, as often as you wish.
  - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

#### Activity

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
  - You can expect to need the sling for 6 weeks.
  - May remove sling for shower but must maintain arm in sling position
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
  - Keep your elbow close to your body as you flex and extend it.
  - Do not lift your arm in front of you or away from your side.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
  - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery. Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
  - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

#### Wound Care

- Your incisions are covered by several absorbent pads, gauze, and tape. Please leave this in place for at least one week post-op.
  - Do not get the bandages wet the first week after surgery—so this means covering it for showering, sponge bath only, etc.
  - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the dressing to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to [info@genesisortho.com](mailto:info@genesisortho.com)



- Even after you take off the dressing at 1 week post-op, you must continue to use the sling at all times.

#### Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

#### Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

#### *Physical Therapy Protocol*

##### PHASE I: Week 0-4 Maximal protection phase

- Sling immobilization
- Protect anterior and posterior capsule but can begin passive ROM only at POD 10-14
  - Supine forward elevation in scapular plane to 90
  - External rotation with arm at side to 30
  - NO Codmans
  - Modalities PRN
- Exercises
  - Grip strength
  - Elbow/wrist/hand ROM
  - Deltoid/cuff isometrics

##### PHASE II: Week 4-8 Moderate protection phase

- Discontinue sling at 6w as tolerated
- Advance to AAROM and AROM
  - Limit FF to 140, ER at side to 40
  - Begin with gravity-eliminated motion at supine and progress. Do not force ROM with substitution patterns.
- Exercises
  - Continue isometric exercises
  - Progress deltoid isometrics
  - ER/IR (submaximal) with arm at side
  - Strengthening scapular stabilizers

##### PHASE III: Week 8-12 Minimal protection phase

- Advance to full, painless ROM
  - Gentle stretching at EROM
  - Initiate ER in 45 degrees abduction at 10-12 weeks
  - Full AROM in all directions below horizontal with light resistance
- Exercises
  - Deltoid/cuff progress to isotonic
  - Continue scapular strengthening



PHASE IV: Months 3-12

- Initiate when pain-free symmetric AROM
- Progress as tolerated
- Restore scapulohumeral rhythm
- Exercises
  - Strengthening 3x/week only to avoid RC tendinitis