

## Bankhart/Capsular Shift/Bristow

**\*\*DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

### Phase I: 0-6 weeks

#### Goals for Phase I:

1. Allow healing of sutured capsule
  2. Normal ROM of uninvolved joints
  3. Minimal pain/inflammation
- A. Orthotics: Patient will be immobilized as per physician's discretion. Length of immobilization will vary from 3-6 weeks depending on involvement/physician's orders
- B. ROM: Patient instructed in active ROM for wrist/elbow of involved extremity. Early PROM should begin on 1<sup>st</sup> post op PT visit. Precautions:
- Weeks 1 & 2:** flexion as tolerated, Abduction to 45-60 w/ neutral rotation, ER not to exceed 30 deg w/ shoulder at side of body. Grade II GH mobs PRN.
- Weeks 3 & 4:** flexion as tolerated, Abduction to 90 w/ neutral rotation, ER not to exceed 45 deg w/ shoulder at side of body. Grade II and III posterior and inferior GH mobs PRN.
- Weeks 4 & 5:** flexion as tolerated, Abduction to 120 if > 45 deg ER available, ER not to exceed 45 deg w/ shoulder at side of body, ER not to exceed 45 deg w/ sh in 90 deg abducted position, IR stretching in scaption below 80 deg of Abd as tolerated. Grade IV posterior & inferior GH mobs.
- Weeks 6 & 7:** flexion as tolerated, Abduction to 145 if > 60 deg ER available, ER not to exceed 60 deg w/ shoulder at side of body, ER not to exceed 60 deg w/ sh in 90 deg abducted position. IR stretching as tolerated. Continue grade IV GH posterior and inferior mobs.
- Weeks 8 – 12:** flexion as tolerated, Abduction as tolerated, ER as tolerated, IR as tolerated. Continue grade IV inferior and posterior GH mobs. Add anterior GH mobs (begin w/ grade III and progress gradually to grade IV)
- C. Flexibility: Work to restore normal flexibility of elbow/wrist.
- D. Modalities: Used for pain, inflammation, swelling control, and muscle re-education as needed.
- E. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage

### Phase II: 6-10 weeks

#### Goals for Phase II:

1. Functional active/passive range of motion
  2. Functional strength
- A. Orthotics: Shoulder immobilizer worn no longer than 6 wks.
- B. ROM: Work to restore full ROM with wand exercises, pulleys, AAROM, PROM, joint mobs etc.
- C. Flexibility: Work to restore normal flexibility of shoulder
- D. Strengthening: Begin with isometrics, rhythmic stabilizations, progressing to resistive exercises-theraband, tubing, free weights, cuff weights, etc. No aggressive internal rotation strengthening w/ open repair. Scapular stabilization exercises.
- E. Conditioning: UBC as tolerated
- F. Functional activities: ADL's out of sling as tolerated
- G. Modalities: Continue as necessary

**Phase III: 10 - 14 weeks**

**Goals for Phase III:**

1. Begin work/sports activities
  2. Full AROM
  3. Good strength
- A. Strengthening/conditioning: progress to aggressive strength and conditioning as tolerated. No Biodex test until 3 months.
  - B. ROM: Continue as needed
  - C. Functional activities: Job related activities (lifting, pushing, pulling etc.); sports related drills (begin throwing etc.)

**Phase IV: 14 weeks to release**

**Goals for Phase IV:**

1. Good/normal strength
  2. Normal Flexibility
  3. Discharge/release to play or work
- A. Continue strengthening/conditioning/functional activities as needed
  - B. Biodex: Release to sports when involved arm 80% of uninvolved