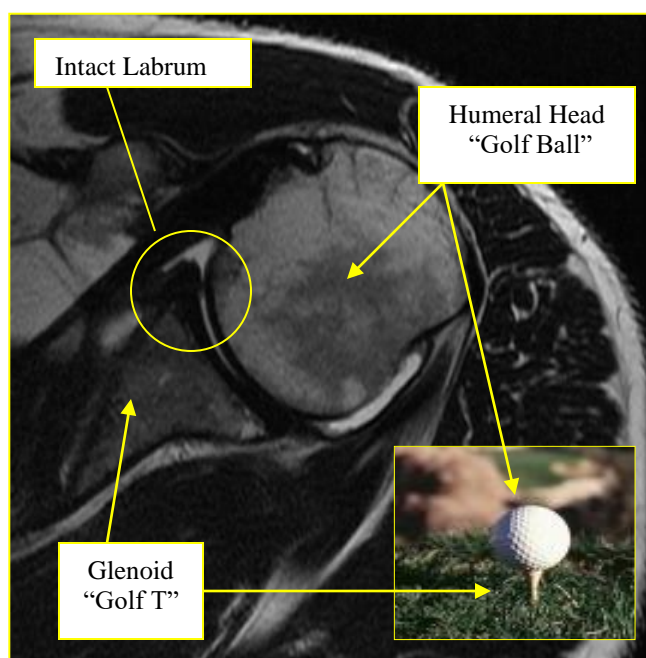


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Patient Information Sheet: Bankart Tear

The shoulder joint is comprised of the humerus and glenoid socket. The large head and small socket gives the shoulder joint excellent range of motion. This range of motion however comes at the cost of stability (it takes only a strong breeze to blow the golf ball off the T). A traumatic external force such as a football tackle may cause the shoulder joint to dislocate or subluxate (almost dislocate).

The labrum is a cartilaginous structure that acts as a bumper or lip to maintain the shoulder joint in place. A dislocation will tear the labrum off the glenoid surface and stretch associated ligaments. This type of labral tear is called a "Bankart tear".

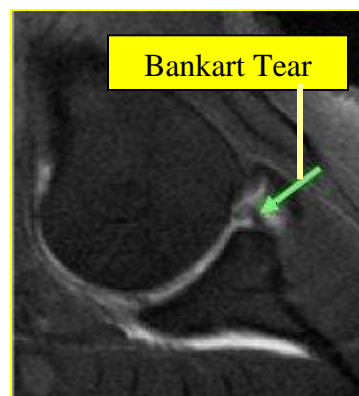
After the first dislocation the patient is at an increased risk for subsequent dislocations. The events that cause further dislocations need not be as forceful as the original. Imagine trying to balance a golf ball on a T that only had half of its top in place. Simple activities such as moving in bed or putting on a book bag may cause shoulder subluxation or dislocation. In order to return stability to the shoulder joint, the labrum should be reattached and the supporting ligaments tensioned.



**Diagnosis of a Bankart Tear:**

The patient with a labral tear often reports multiple shoulder dislocations from low velocity activities as described above. Patients report a feeling of apprehension with certain shoulder movements such as lifting the arm overhead or throwing a ball. Labral tears and ligament laxity are diagnosed by reviewing the shoulder history and participating in a physical examination. X-rays looking for associated trauma to the shoulder joint and MRI to examine the condition of the labrum are often utilized to aid in the diagnosis.

Conservative management may be utilized after the initial dislocation. This consists of very short term sling immobilization followed by physical therapy for shoulder joint strengthening. Surgical repair is the treatment of choice for the patient with multiple dislocations and an unstable shoulder joint. Without surgical intervention, the torn labrum and stretched ligaments are unlikely to heal properly and provide for a stable shoulder joint. The surgical repair is conducted utilizing arthroscopic equipment. This means that a small camera and small



equipment will be used through tiny incisions. Anchors attached with suture material are placed in the glenoid bone. The sutures are then passed through the labral tissue. A knot is tied which brings the labrum tightly against the bone reestablishing its natural position and ligament tension

### Pre-Surgery:

- On the night before surgery, do not eat after midnight (no chewing gum or lozenges)
- On the morning of the surgery you may have your daily pills with a sip of water
- Your surgical time will be confirmed the day before the surgery by either: Boston Out-Patient Surgical Suites (781) 895-4901 or the New England Baptist Hospital (617) 754-5800. The original time may be adjusted based on patient needs and equipment availability. Dr. Weitzel's office has very little control over the time changes.
- Patients should bring their MRI and X-rays to the surgery
- If the surgery is done at our Waltham facility, the person who is accompanying you is welcome to a free one-day gym pass



### Surgery:

The length of an arthroscopic Bankart repair will take up to 2 hours depending on the complexity of the tear. Your nurse will bring you into the pre-op area where you will have an IV placed and met with your anesthesiologist. General anesthesia is utilized to assure a comfortable surgery. This means that you will be "asleep" and completely unaware of the surgery until you wake up in the recovery area. Most patients will have a small tube placed in their windpipe, formal intubation may not be required. Local blocks are also available to supplement pain control. Your anesthesiologist will discuss this with you prior to surgery. Like any surgical procedure, there are risks. These risks are extremely rare and consist of nerve injury, infection and shoulder stiffness or instability. **The procedure is also available to view online at [www.bostonssc.com](http://www.bostonssc.com)**

### Post-Surgery:

After the surgery is completed, you will awaken in the operating room and be moved to the recovery area. Most patients generally recover smoothly and have minimal pain due to local pain medication that is used at the completion of the surgery. Family members and guests are permitted to visit in the recovery area once the patient is fully awake and feeling comfortable; this may take up to 2 hours after the surgery is completed.

- A pain medication prescription will be provided prior to discharge. You may take the prescribed medication as directed. You should expect to experience moderate shoulder discomfort for several days and even weeks following the surgery. Patients often only need prescription narcotics for a few days following surgery and then can switch to over-the-counter medications Tylenol or Ibuprofen. Ice should be applied to the shoulder up to three times a day for 20 minutes until swelling subsides
- At the completion of surgery, you will have a sling placed on your arm. Wear the sling at all times with the exception of exercises, showering and dressing. You may also remove the sling to participate in computer work or watching TV for instance. The purpose of the sling is to protect the labral repair. Excessive arm movement during the first few weeks of recovery may put

unwarranted strain on the repair. Particularly avoid external rotation or rotation away from the body for at least 6 weeks.

- Special cooling devices (called Cryo/Cuffs) are also available for patients to purchase thru our office. This can be used in the place of the ice bags. See the included information sheets if you would like to purchase one of these cooling devices.
- If the bandage is draining, reinforce it with additional dressings for the first 48 hours. After 48 hours remove the bandage and place band aids over the incision sites. Showering is acceptable at this time. Do not scrub the shoulder.
- There is an exercise sheet at the end of this packet. Conduct exercises three times daily until further directions are provided. Physical therapy will start 4-6 weeks after surgery.
- Follow up with Dr. Weitzel or Thomas Pacheco PA-C within 2 weeks from the date of surgery. Please call Boston Sports and Shoulder Center (617-264-1100 Brookline or 781-890-2133 Waltham) to make this appointment.
- Eat a regular diet as tolerated and please drink plenty of fluids.
- You are unable to drive a car as long as you need to utilize a sling.
- Call office for Temperature >102 degrees, excessive swelling, pain or redness around the incision sites.
- Plan at least a week away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work (depending on type of work and setting; very variable) once the pain and swelling resolves.
- The above are guidelines and only intended as generalities.

Post-operative exercise program prior to the start of traditional physical therapy.



***Pendulum, Circular*** - Bend forward 90 degrees at the waist, using a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Do 3 sessions a day.

In addition be sure to bend and straighten the wrist and elbow every day to prevent joint stiffness.



Rehabilitation for patients who underwent a Bankart repair will vary depending on extent of surgery and pathology, see prescription for specifics. The following are only general recommendations

#### Post-op Rehabilitation Protocol – **Bankart Repair**

##### Phase 1 (Weeks 0-4):

**Goals:** Maintain elbow/wrist range of motion, Decrease swelling, pain

**Treatment plan:**

- 1) Participate in pendulum exercises
- 2) Swelling and pain control with ice
- 3) Active elbow, wrist and hand exercises

##### Phase 2 (Weeks 4-8):

**Goals:** Increased shoulder ROM (FF – full, ABD – 90, ER – 40), Maintain aerobic conditioning, reestablish shoulder

**Treatment plan:**

- 1) Progressive ROM, and passive stretching (avoid full external rotation till 6 weeks after surgery)
- 2) Swelling and pain control with ice, modalities
- 3) Scapulothoracic strengthening, shoulder isometrics
- 4) Active elbow, wrist and hand exercises

##### Phase 3 (Weeks 8-12):

**Goals:** Full shoulder ROM, progressive strengthening

**Treatment plan:**

- 1) Continue with swelling and pain control
- 2) Strengthening program: UBE, bands/weights
- 3) Rotator cuff/shoulder PRE
- 4) **Ok to run or jog**

##### Phase 4 (Weeks 12-20):

**Goals:** Full shoulder ROM, progressive strengthening

**Treatment plan:**

- 1) Sports specific training
- 2) Light PNF strengthening
- 3) Rotator cuff/shoulder PRE
- 4) **Ok to golf**

##### Phase 5 (Weeks 20-30):

**Goals:** Return to full contact sports once approved by Dr. McKeon

**Treatment plan:**

- 1) Sports specific training
- 2) Light PNF strengthening
- 3) Rotator cuff/shoulder PRE