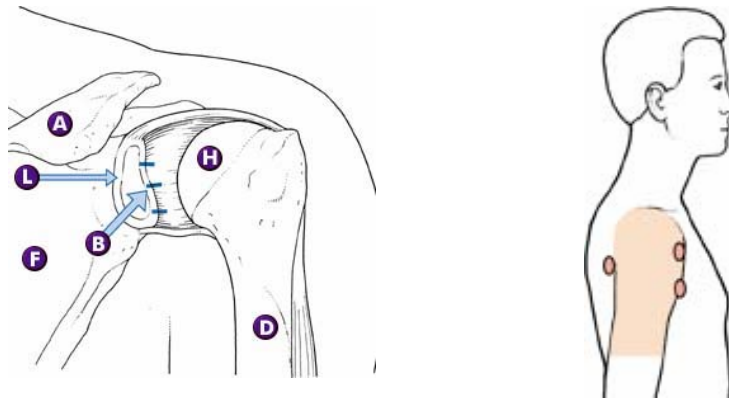


ANTERIOR SHOULDER STABILISATION



KEY A Acromion B Bankart lesion D Humeral shaft F Scapula H Head of humerus L Labrum

Patient to be seen within 3 weeks of discharge from the Orthopaedic Unit at Macclesfield District General Hospital

OPERATION

Purpose

To reattach the detached antero-inferior labrum (Bankart lesion) to the glenoid with minimal restriction of external rotation.

Case profile

Patients with recurrent anterior dislocation and whose labrum after arthroscopic evaluation is deemed to be suitable for an arthroscopic Bankart repair.

Portals

Posterior - Arthroscope.

Antero-Superior - Arthroscope.

Anterior - Used for gleno-humeral joint assessment and as an outflow portal.

Procedure

At arthroscopy of the gleno-humeral joint the extent of the Bankart lesion is determined. The underlying sclerotic glenoid is roughened to produce an improved surface for the repair. Suture anchors are inserted into pre-drilled holes in the margin of the glenoid. These embedded 'anchors' grip the bone and allow the labrum to be tightened against the glenoid via a suture passed through both the labrum and anchor. In this way the Bankart lesion is repaired.

Possible associated procedures

Arthroscopic assessment of the gleno-humeral joint.

Main possible complications

Neurovascular.

Recurrence of anterior instability.

THERAPIST

In patient

- Patient instructed to wear polysling/external rotation sling constantly for 3 weeks (dependent on post-operative instructions) – only to be removed for exercises and washing and dressing.
- Taught correct procedure for washing and dressing.
- Teach elbow, wrist and hand exercises.
- Postural awareness taught.
- No combined external rotation and abduction.

3 weeks

- Commence wean from sling.
- Initiation of active mobilisation programme inclusive of external rotation to 45°.*
- Scapula stabiliser exercises.
- Proprioception exercises (closed chain)

6 weeks +

- Correct abnormal movement pattern.
- Progress scapular stabilisation programme.
- Rotator cuff rehabilitation – resistance exercises with theraband
- Combined external rotation/abduction.
- Progress proprioception exercises.

12 weeks

- Full exercise programme with strengthening of rotator cuff through the range of active movement.
- Check scapula control through full ROM.
- Sports specific rehabilitation.

MILESTONES	
Week 2	Pre-op level of passive ROM exclusive of external rotation and abduction
Week 6	ROM at least 75% of pre-op level exclusive of external rotation.
Week 12	Full ROM inclusive of pre-operative ROM gained. Remaining active ROM regained with power

Functional Activities

Driving	6-8 weeks
Swimming	Breaststroke 6 weeks Freestyle 12 weeks
Golf	12 weeks
Contact sports	Surgeon decision
Lifting	Light lifting (cup of tea) 3 weeks Heavy lifting 3 months
Return to work	Sedentary as tolerated Manual – guided by surgeon