Bankart and SLAP lesion repair in a High School Athlete

www.fisiokinesiterapia.biz
Today’s To Do List

- Introduction to Case
- Brief Shoulder Anatomy
- Pathologies Related to Case
- Surgical Intervention
- Rehabilitation Protocol
- Take Home Points
Welcome to My Case

- 18 year old male
- Goalie for high school soccer team
- Previous history:
  - 3 or 4 dislocations/subluxations of left shoulder
  - 3 dislocations/subluxations of right shoulder
  - Bankart repair of left shoulder in 2004
Anatomy

- Bony
  - Sternum
  - Clavicle
  - Scapula
  - Humerus
Anatomy

- Ligamentous
  - Sternoclavicular Joint
    - Costoclavicular
    - Sternoclavicular
    - Interclavicular
  - Acromioclavicular Joint
    - Acromioclavicular
    - Coracoclavicular
      - Conoid
      - Trapezoid
  - Glenohumeral Joint
    - Glenohumeral
    - Coracohumeral
    - Transverse
Anatomy

- **Muscles Acting on the Scapula:**
  - Latissimus Dorsi*
  - Levator Scapulae
  - Rhomboids
  - Serratus Anterior
  - Trapezius
  - Pectoralis Major*
  - Pectoralis Minor

- **Muscles Acting on the Humerus:**
  - Biceps
  - Coracobrachialis
  - Deltoid
  - Infraspinatus
  - Subscapularis
  - Suprasinatus
  - Teres Major
  - Teres Minor
  - Triceps
Ouch, that hurts!

- Instabilities:
  - Anterior
  - Posterior
  - Inferior
  - Multidirectional
Dislocations

Normal (pre-accident) condition
- Humeral head
- Scapula
- Humerus

Post-accident condition

Anterior dislocation or the humerus

© R.L. Huckstep 1997
Bankart Lesion

Normal

Bankart Lesion
SLAP Lesion

- Acromion
- Coracoid
- Biceps Tendon
- SLAP Lesion Region
- Glenoid Labrum (Front)
After last, and most significant dislocation of right shoulder, went back to orthopedic surgeon who did his first surgery.
  - Discovered a Bankart lesion as well as a SLAP lesion.

Surgeon decided to opt for arthroscopic surgery to repair both lesions.

Surgery took place on December 21, 2006
Surgical Procedures

Torn joint capsule is trimmed

Holes are drilled through the edge of the glenoid cavity

Ligaments are sutured back into place

SLAP Lesion Repair- http://hss.edu/professional-conditions_13485.asp
Rehabilitation Protocol

- **Appointment Schedule:**
  - Weeks 2, 6, 12, 18, and 24
  - Physical Therapy to begin at week 4

- **Acute Phase: Surgery to 4 weeks post-op**
  - Abduction sling for 3 weeks
  - Codman’s beginning at 3 weeks
  - AROM for hand, wrist, elbow
  - Shoulder shrugs
  - Isometrics for flex/ex, add/abd, IR/ER
Rehab Cont.

- **Phase I: weeks 4-6**
  - Continue with Codman’s and isometrics
  - PROM for flex/ex, add/abd, IR/ER
  - AAROM for flex, abd, IR, and ER to neutral
  - Gradual progression to AROM
  - Scapular elevation, depression, protraction, and retraction
Rehab Cont.

- **Phase II: Weeks 6-12**
  - Continue ROM with no restrictions
  - Rotator cuff strengthening from neutral to 90° abduction
  - Closed Kinetic Chain
  - Scapular strengthening

- **Exercises Done:**
  - Supine weighted ball transfers, weight transfers, tricep extensions, wall push ups, theraband pull downs, pulley adduction, rhythmic stabilization, UBE

- **Complications:**
  - Tried to help mom shovel snow!
  - Slipped and fell at school
  - Trapezious and scalene trigger points
Rehab Cont.

- Phase III: Weeks 12-18
  - Rotator cuff endurance
  - Anterior shoulder strengthening
  - Eccentric posterior rotator cuff strengthening
  - Begin gentle sports specific activities
Rehab Cont.

- Phase IV: Weeks 18-24
  - Aggressive sports specific activities
  - Return to play when strength and flexibility are within normal limits and patient is fully functional.
Review

- Case Introduction
- Shoulder Anatomy
- Case related pathologies
- Surgery
- Rehabilitation Protocol
Take Home Points

- Don’t be scared!!!
- Know your patient
Works Cited


