Shoulder & Elbow

Functional Rehabilitation and Return to Play Following Surgical Stabilization for Anterior Shoulder Instability

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This study evaluates return to high-level contact sports following arthroscopic Bankart stabilization and functional rehabilitation.

INTRODUCTION: Anterior shoulder instability can lead to a significant loss in games played and limited function in the athletic population. There are few evidence-based guidelines for return to play evaluation in the postoperative contact-sports athlete. This study evaluates return to high-level contact sports following arthroscopic Bankart stabilization and functional rehabilitation.

METHODS: This was a retrospective study including arthroscopic anterior Bankart repairs from July 2015 through October 2016 by a single sports medicine fellowship trained orthopedic surgeon. (40 m, 6 f, average age 18.96, Average ISIS score 5.78) All patients had a single dislocation event and less than 10% glenoid bone loss. All patients played high school or collegiate contact sports. We compared Western Ontario Shoulder Instabilily Index (WOSI) scores, SANE scores, as well as, ASES scores. Return to play was defined as returning for one full season. All patients underwent a specific functional and psychological rehabilitation protocol throughout post-operative rehabilitation process to assess return to play readiness. All patients were treated by an athletic training staff as well as a single physical therapist.

RESULTS: Over the course of 15 months 46 patients met inclusion criteria all returning to sport for 1 full season. The average time to pass functional testing was 5.71 months and psychological testing was 5.07 months. SANE scores improved from 44.59 to 89.59, ASES from 47.83 to 90.46 and WOSI from 1577.93 to 190.98. Redislocation rate was 4.35% (2/46).

CONCLUSION: Return to sport after surgical intervention for anterior shoulder instability combined with a functional rehabilitation and psychological assessment protocol is safe and effective in returning athletes to play and has the potential to lower postoperative redislocation rates.

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