# Accelerated Rehabilitation After Arthroscopic Bankart Repair: A Prospective Randomized Clinical Study

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#### Introduction

In this prospective, randomized study, we compared the results of early motion versus conventional immobilization after the arthroscopic Bankart repair.

#### Methods

We performed an arthroscopic Bankart repair using suture anchors in 62 patients with traumatic anterior shoulder instability and randomized them into two groups. Group 1(n=28: mean age, 28 years) underwent three-week of immobilization and conventional rehabilitation program, while Group 2(n=34: mean age, 29 years) underwent an accelerated rehabilitation program with staged range of motion and strengthening exercises starting from the immediate postoperative day. Selected patients were non-athletes with a classic Bankart lesion and a robust labrum. Analysis of outcome included pain scores(6-week and follow-up: 319 months), range of motion, return to activity, recurrence, patients satisfaction with each program, and shoulder scores(ASES, UCLA, and Rowe).

### Results

The recurrent rate was not different between the two groups(2 anterior apprehension from each group)(p=0.842). Patients with accelerated rehabilitation resumed functional range-of-motion faster and returned earlier to the functional level of activity(p $\langle 0.05\rangle$ ). Accelerated rehabilitation decreased postoperative pain and more patients were satisfied with this program(p $\langle 0.05\rangle$ ). No differences were found between the two groups at the

follow-up with regards to the shoulder scores, return to activity, pain score, and the range-of-motion.

## Conclusion

Early mobilization after arthroscopic Bankart repair does not increase the recurrence rate in selected patients. Although the final outcomes are similar in both groups, the accelerated rehabilitation program promotes functional recovery and reduces postoperative pain, which enables patients an early institution of desired activities