Bankart Repair — Rehabilitation Protocol

Overview

- Applies to: arthroscopic anterior labral (Bankart) repair ± HAGL, Hill-Sachs remplissage
- Sling: worn for 4–6 weeks (surgeon-directed)
- Goal: restore stability while protecting the labral repair
- Contact/throwing athletes: extended to 6 months before return to sport

Rehabilitation Phases

Phase 1 — Immobilisation & Protection	Weeks 0–4
Goals: • Protect labral repair • Control pain and inflammation • Prevent deltoid and periscapular muscle atrophy	**Exercises & Interventions:** • Sling full-time except hygiene • Elbow, wrist, hand AROM • Scapular retraction/depression (no resistance) • Submaximal isometrics (ER/IR — pain-free, neutral) • Pendulums from Week 2 • Cryotherapy 20 min 3–4×/day • Posture education
Precautions: ■ No shoulder ER beyond 0° in weeks 0–4 ■ No combined abduction/ER (apprehension position) ■ No AROM shoulder	
Phase 2 — Early Active Motion	**Weeks 4–8**
Goals: • Achieve AROM: 140° flexion, 45° ER by Week 8 • Restore scapular control • Progressive neuromuscular re-education	**Exercises & Interventions:** • Discontinue sling at Week 4–6 • Active-assisted forward flexion (stick/pulley) • Side-lying ER in neutral (progress to 45° abduction) • Supine horizontal abduction • Closed-chain rhythmic stabilisation • Light isotonic scapular strengthening (rows, retraction) • Aquatic therapy from Week 6 • ADLs at and below shoulder height
Precautions: ■ No ER beyond 45° until Week 8 ■ No external loading ■ No apprehension position	
Phase 3 — Intermediate Strengthening	**Weeks 8–16**

Goals: • Full AROM • Progressive rotator cuff and global shoulder strengthening • Begin sport-specific preparation	**Exercises & Interventions:** • Theraband ER/IR at 45° and 90° abduction • Progressive ER to 90° if pain-free and stable • Prone row/Y/T/W exercises • Diagonal PNF patterns • Closed kinetic chain wall press-ups, push-up progressions • Core and lower limb integration • Progressive overhead strengthening from Week 12
Precautions: ■ No throwing until Week 16 minimum ■ Avoid ER loading in provocative range until Week 12	
Phase 4 — Advanced & Return to Sport	Weeks 16–26
Goals: • Strength ≥80% contralateral shoulder • Dynamic stability and proprioception • Sport-specific functional performance	**Exercises & Interventions:** • Plyometric upper extremity drills (wall ball, chest pass) • Interval throwing program (from Week 20) • Sport-specific drills • Eccentric rotator cuff strengthening • Return-to-sport testing (CKCUES test, apprehension test negative) • Overhead athlete: full return not before 6 months
Precautions: ■ Return to contact sport: minimum 6 months ■ Recurrence risk assessment before clearance	

References

1. Ardern CL et al. Return to sport following shoulder labral repair: a systematic review. Br J Sports Med. 2019;53(4):218-225.
2. Waterman BR et al. Bankart repair for traumatic anterior shoulder instability: patient selection and outcomes. Open Access J Sports Med. 2019;10:71-82.
3. Wilk KE, Macrina LC. Nonoperative and postoperative rehabilitation for glenohumeral instability. Clin Sports Med. 2013;32(4):865-914.
4. Itoi E et al. Position of immobilisation after dislocation of the glenohumeral joint. J Bone Joint Surg Am. 2001;83(5):661-667.
5. Gaunt BW et al. The American Society of Shoulder and Elbow Therapists' consensus rehabilitation guidelines for arthroscopic anterior capsulolabral repair. J Orthop Sports Phys Ther. 2010;40(3):155-168.

This rehabilitation protocol is intended as a general guide for qualified physiotherapists and healthcare professionals. It should be adapted to individual patient presentation, surgical findings, tissue quality, and progress. All progression decisions should be made in consultation with the treating surgeon.