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Bankart Repair – Anterior Labral Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

NOTE: Caution must be applied in placing undue stress on the anterior joint capsule as dynamic joint stability is restored. This protocol will be used for Bankart repairs and any other anterior Labral tears.

Dr. Wait's patients start PT at 4 weeks and can remove sling at 4 weeks. Still start with PROM but can progress quickly into AAROM if tolerating PROM.

****If Bankart combined with Remplissage procedure, start PT at 6 weeks post op and stay in sling.**

PHASE I: (Immediate)

Week 1-2

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education

ROM-
1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes
2. Passive Shoulder ROM only
    a. Flexion to 90, Abduction to 60, Extension to 0
    b. IR/ER stretching to be performed from 0 to 30 of abduction
        i. IR to full as tolerated
        ii. ER to 0 degrees until Wk 7

Exercises-
1. Active wrist, forearm, and elbow exercises, all planes
2. Hand gripping exercises
3. Isometrics (Sub-maximal, sub-painful)
    a. Wrist, Elbow, Forearm

Week 3 – 4

Orthotics-
1. Shoulder sling with abduction pillow at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Continue modalities as needed

(cont'd weeks 3-4)

ROM-

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1. Passive and Active-Assistive Shoulder ROM exercises as follows:
    a. Flexion to 110, Abduction to 90, Extension to 0
    b. IR/ER stretching to be performed from 0 to 30 of abduction
        i. IR to full as tolerated
        ii. ER to 0 degrees until Wk 7

Exercises-
1. Progress to resistive exercises for Wrist, Forearm, and Elbow
2. Pendulum
3. Overhead Pulleys / Table slides within ROM restrictions
4. AAROM w/ dowel rod within shoulder ROM restrictions
5. Shoulder Isometrics (Sub-maximal, Sub-painful)
    a. Flexion, extension, abduction, adduction
    b. NO Internal or External Rotation

PHASE II (Intermediate)

Week 5 – 6

Orthotics-
1. May gradually discontinue use of shoulder sling as tolerated

Modalities (PRN)-
1. Continue modalities as needed

ROM-
1. Passive and Active-Assistive Shoulder ROM exercises as follows:
    a. Flexion to 130, Abduction to 110, Extension to 0
    b. IR/ER stretching to be performed from 0 to 30 of abduction
        i. IR to full as tolerated
        ii. ER to 0 degrees until Wk 7

Exercises-
1. Continue Phase I exercises as tolerated
2. Initiate Isometric Internal Rotation/External Rotation
3. Scapulo-thoracic strengthening as tolerated
4. Progress to active exercises within shoulder ROM restrictions
    a. May add resistance as patients reach full, non-painful ROM
    b. NO resisted rotator cuff strengthening

Week 7 – 9

ROM-
1. Gradually progress ROM in all planes to full
2. May progress ER ROM to full

Exercises-
1. Continue to progress previous exercises as tolerated
2. Progress to resisted IR Rotator Cuff strengthening at 0 to 60 of abduction as tolerated
3. Upper Extremity Cycle

PHASE III (Strengthening)

Week 10 – 15

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ROM-
1. Maintain full active and passive ROM in all planes
2. May progress to ER at 90˚ of Abduction

Exercises-
1. Progress Phase II exercises as tolerated
2. Progress to resisted ER strengthening at **Wk 12**
3. May initiate more aggressive strengthening of the shoulder musculature
    a. Weight stations, free weights, etc
4. Rotator Cuff strengthening to progress to 90 of abduction position
5. Throwing athletes should initiate Throwing Athlete Exercise Program
6. Can start jogging at 12 weeks

PHASE IV (Advanced Strengthening)
Dr Wait: no throwing until surgeon approval

Week 16 – 19

Exercises-
1. Non-throwing athletes may return to full sports activities at this time per physician
2. Isokinetics for Internal and External Rotation
    a. 300 to 360 degrees per second initially
    b. May progress to 180 to 300 degrees per second as tolerated
3. Throwing athletes may initiate Interval Throwing Program
4. Light Upper extremity Plyometrics
5. Functional activities including lifting and return to work activities

Week 20+

Exercises-
1. Isokinetic Test at 180, 240, and 300 degrees per second per surgeon recommendation. General goal for full release to sport activity is 85% strength compared to uninvolved limb.
2. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function

Revised 08/2026