

Arthroscopic Bankart Repair ± Remplissage Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

PROM limit — Flexion _____°	PROM limit — Abduction _____°	PROM limit — External Rotation _____°
Sling + PROM limitation duration _____ wks	AROM initiation _____ wks	Strengthening initiation _____ wks
Remplissage Performed: ☐	Internal Rotation limits _____	External Rotation limits _____
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. In general, PROM limitations end in conjunction with sling weaning. When remplissage is performed, external rotation is generally advanced more conservatively in the early phases to protect the posterior tenodesis construct. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect capsulolabral repair; control pain/swelling - Prevent capsular attenuation and contracture during the vulnerable healing window - Maintain elbow/wrist/hand mobility - Initiate scapular activation	Precautions - Sling per parameters above - No active ROM or lifting/reaching with operative arm - PROM limited to $\approx 30^\circ$ ER <u>in adduction</u> If remplissage: avoid aggressive passive IR/ER stretching and combined FF/AB + ER early to protect the healing infraspinatus/posterior capsule tenodesis	Treatment Focus - Pendulums 2x/day - Therapist/ATC-directed PROM (flexion, abduction, ER) to limits above, advancing in staged weekly increments - Scapular retraction/protraction isometrics - Submaximal, pain-free rotator cuff isometrics as tolerated - Initiate AAROM weeks 4 or 5 if progressing appropriately - AROM elbow/wrist/hand daily - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, PROM progressing without sharp pain or apprehension.			
Phase 2 Weeks 6–12	Goals - Progress toward full passive ROM at 9 wks - Restore scapulohumeral rhythm - Begin rotator cuff and periscapular activation/strengthening - Establish near full AROM by 12 wks	Precautions - ROM/strengthening advance per timing above; repair tensile strength remains reduced through ≈ 12 wks - Do not force AB+ER; progress gently and by response, not calendar If remplissage: continue conservative ER progression; monitor for posterosuperior shoulder pain with forceful movement. ER loss of 10 degrees is generally acceptable	Treatment Focus - AAROM → AROM all planes (pulley, wall walks, cane) per timing above - Joint mobilization (posterior glides) once cleared - Submax cuff isometrics (IR/ER holds, 10–15 sec) - Closed-chain, scapular/rhythmic stabilization drills, 2–3x/wk to build co-contraction and proprioception - Light isotonic IR/ER (band), arm in neutral $<90^\circ$, 2–3 sets x 10–15 - Sleeper/cross-body stretch PRN tightness

Phase	Goals	Precautions	Treatment Focus
► Advance to Phase 3 when: full/near-full PROM achieved, AROM progressing with good mechanics, cuff activation pain-free and without apprehension.			
Phase 3 Weeks 12–16	Goals ● Restore full active ROM (target ≈ 12 wks) ● Normalize rotator cuff and periscapular strength/endurance ● Restore dynamic stabilization and proprioception	Precautions ● Progress load gradually per therapist assessment; emphasize repetitions/endurance over heavy load to avoid abnormal muscle patterning ● Delay heavy overhead/high-demand tasks until mechanics support them	Treatment Focus ● Progressive resisted cuff/periscapular strengthening (band/dumbbell), 2–3 sets x 10–15, advancing load ● Eccentric posterior cuff work with T-band (standing, simulating throwing follow-through; sidelying ER) ● Full ROM isokinetics ● Closed-chain and rhythmic stabilization progression ● May begin conventional weight training (machines → free weights) as tolerated ● Functional, work-, or sport-specific drill introduction as appropriate
► Advance to Phase 4 when: strength approaching symmetry on clinical exam, full pain-free ROM, no apprehension — ready to begin structured return-to-sport/throwing progression.			
Phase 4 Weeks 16–24+ (≈ Month 4–6)	Goals ● Achieve symmetric rotator cuff strength (isokinetic ER/IR ≥90% contralateral at 60°/s and 180°/s) and posterior cuff endurance ≥90% contralateral ● Complete graduated sport-/work-specific and, for throwers, interval throwing progression ● Achieve psychological readiness (SIRSI ≥ 55) and resolve fear of reinjury/kinesiophobia	Precautions ● Clearance is criteria-based, not time-based alone — confirm strength, functional, and psychological metrics before progressing collision/contact or overhead sport ● Minimum ≈4 months for non-contact return; ≈6 months before clearing collision/contact athletes	Treatment Focus ● Isokinetic strength testing (60°/s and 180°/s) and posterior cuff repetition-to-failure endurance testing ● Closed Kinetic Chain Upper Extremity Stability Test (CKCUEST) and Unilateral Seated Shot-Put Test vs. contralateral limb ● SIRSI (Shoulder Instability–Return to Sport after Injury) questionnaire; address kinesiophobia/fear of reinjury directly ● Graduated sport-specific drills at progressive speed, load, and repetition ● Throwers: retest monthly until strength testing passed before advancing throwing program
► Full Release (typically 4–6 months / 16–24+ wks): pain-free full AROM, strength/endurance symmetric on functional testing, no apprehension, SIRSI ≥ 55, sport-specific/throwing progression completed, cleared by physician. Contact/collision athletes generally held to ≈6 months.			

Special Considerations

- Overhead/throwing athletes, especially with remplissage, warrant extended throwing-specific assessment before clearance (mean RTS ≈ 7 months in systematic review)
- Assumes isolated arthroscopic Bankart repair ± remplissage unless noted otherwise; framework consistent with ASSET/ESSKA-ESA consensus guidance

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.