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Shoulder Stabilisation Rehab Protocol

Arthroscopic Bankart Repair is a minimally invasive shoulder procedure that re-attaches the torn anteroinferior labrum and tightens the joint capsule to restore stability after recurrent anterior dislocations. Fixation anchors are inserted through small key-hole incisions, and most patients go home the same day in a sling.

See Also:

Shoulder instability
Arthroscopic shoulder stabilisation

Rehabilitation Goals

- Protect the surgical repair while preventing stiffness
- Gradually restore full, pain-free range of motion (ROM) and scapular control
- Re-educate rotator-cuff and periscapular muscles for dynamic stability
- Build functional strength and endurance for work, sport and daily activities
- Return safely to contact or overhead sports without re-dislocation

Expected Recovery Time

Milestone	Typical Time Range
Sling weaned to nights only	3–4 weeks
Active ROM equal to contralateral shoulder	10–12 weeks
Full strengthening without pain	16 weeks
Light jogging / non-contact conditioning	12–14 weeks
Non-contact sport skills (throwing, swimming)	4–5 months
Full contact or collision sport clearance	5–6 months

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect repair; control pain and swelling
- Maintain distal joint mobility (elbow, wrist, hand)

Instructions

- Wear sling continuously except for hygiene and exercises
- Sleep semi-reclined; use ice pack 10–15 min every 2 h, ensuring the skin warms to ≥ 28 °C between applications
- Keep incisions clean and dry; no driving

Exercises

- Passive pendulums (small circles) × 3 sets of 20 s, 3–4× daily
- Elbow flex/extend, wrist circumduction, grip squeezes with putty
- Cervical spine ROM and scapular setting (gentle shoulder blade squeezes)

Phase 2: Protected Passive Motion (2–6 weeks)

Goals

- Achieve pain-free passive ROM limits without stressing repair
- Begin scapular motor control

Instructions

- Sling on in crowded environments; wean at home as comfort allows
- No abduction-external rotation beyond surgeon's limit (usually 30–40° ER at side)

Exercises

- Supine passive flexion progressing to 140° by week 6
- Supine external rotation at side to 40°
- Table slides, assisted forward elevation with pulleys
- Scapular clocks and low-intensity isometrics for cuff (arm at side)

Phase 3: Active Motion & Early Strength (6–12 weeks)

Goals

- Restore full active ROM equal to opposite side
- Initiate light strengthening without pain or apprehension

Instructions

- Discontinue sling; avoid sudden traction forces (e.g. heavy lifting, dog leash)
- Heat pack before sessions if stiffness persists (apply to 38–40 °C for 10 min)

Exercises

- Active-assisted then active ROM in all planes
- Closed-chain scapular stabilization (wall push-ups plus, quadruped rocking)
- Theraband rotator-cuff strengthening (IR/ER at 0° abduction) 3× 15
- Begin light isotonic rows and prone "T–Y–I" raises

Phase 4: Strength & Control (12–16 weeks)

Goals

• Symmetrical strength and endurance of cuff and scapular musculature
• Dynamic shoulder stability through full ROM

Instructions

• Start proprioceptive drills only after full pain-free ROM achieved

Exercises

• Progressive resistance: dumb-bell presses ≤ 70° abduction, resisted ER at 90° abduction
• Plyometric rebounder chest pass (2 kg) at chest level
• Rhythmic stabilisation (perturbations) in multiple positions
• Upper-body ergometer (arm crank) 10–15 min for endurance

Phase 5: Functional & Return-to-Sport (16 weeks – 6 months)

Goals

• Sport-specific strength, power and neuromuscular control
• Confidence with overhead or contact activities without episodes of instability

Instructions

• Progress only if strength ≥ 90 % of contralateral side and no apprehension on relocation test

Exercises

• Interval throwing/swimming program; graded racket or serve drills
• Push-ups and bench press progressing to body-weight then +5–10 % load
• Medicine-ball rotational throws, overhead slam-downs
• Contact athletes: tackle bags, resisted movement patterns under supervision

When to Contact Your Surgeon

- Fever > 38 °C or wound redness, discharge or foul odour
- Sudden increase in pain, swelling or loss of motion
- Numbness or tingling persisting beyond 24 h
- Sense of “giving-way” or redislocation episode
- Mechanical clicking associated with pain
- Any concerns about returning to work or sport

Disclaimer

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.