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Bankart + Remplissage Postop Protocol

Phase 1: Immediate Postoperative (0–4 weeks)

Goals: Protect anterior labral repair and posterior capsulotenodesis, control pain/swelling, maintain mobility in distal joints.

- **Immobilization:** Sling with neutral rotation; worn full-time for 3–4 weeks except for hygiene/exercises.
- **Weight Bearing:** No lifting, pushing, or pulling with operative arm.
- **ROM:**
 - Passive ROM only within safe limits:
 - Forward flexion $\leq 90^\circ$
 - External rotation (ER) $\leq 20^\circ$ in scapular plane
 - Abduction $\leq 60^\circ$
 - Elbow, wrist, and hand: full active ROM
- **Exercises:**
 - Grip strengthening
 - Gentle pendulum exercises
 - Scapular retraction without shoulder elevation
- **Precautions:** Avoid combined abduction with ER (protects Bankart repair) and aggressive IR stretching (protects remplissage site).

Phase 2: Early Rehabilitation (4–8 weeks)

Goals: Gradually restore PROM, initiate gentle active-assisted ROM (AAROM) while protecting both repairs.

- **Sling:** Discontinue between weeks 3–4 once cleared.
- **ROM:**
 - PROM → AAROM:
 - Forward flexion to 135° by week 6–8
 - ER to 30° in scapular plane by week 6
 - Abduction to 90°
 - Avoid combined abduction/ER and extreme IR until ≥ 8 weeks.
- **Exercises:**
 - Scapular stabilization
 - Isometric rotator cuff and deltoid activation in neutral
 - Continue distal joint mobility
- **Precautions:** Avoid end-range ER and IR stretching, no provocative positions of instability.

Phase 3: Intermediate Rehabilitation (8–12 weeks)

Goals: Achieve near-full, pain-free AROM; initiate light strengthening.

- **ROM:** Progress to full forward flexion and abduction; ER $\leq 45^\circ$ until cleared.
- **Strengthening:**
 - Light resistance bands for ER/IR in neutral
 - Periscapular strengthening
 - Closed-chain UE work (wall push-ups, weight shifts)
- **Exercises:**
 - Rhythmic stabilization
 - Proprioception drills
- **Precautions:** Avoid high-load pushing or heavy overhead lifting.

Phase 4: Advanced Strengthening (12–20 weeks)

Goals: Build strength, dynamic stability, and functional readiness.

- **Strengthening:**
 - Progressive cuff and scapular resistance exercises
 - Gradual introduction of pressing motions and overhead work
 - Plyometric training (two-hand passes → single-hand drills)
- **Functional Training:**
 - Sport-specific drills emphasizing controlled ER and overhead positioning
 - Return-to-throwing progression if indicated

Phase 5: Return to Sport/Work (5–6+ months)

Goals: Full, pain-free ROM; strength $\geq 90\%$ of contralateral side; no instability symptoms.

- **Criteria for Return:**
 - No pain, swelling, or instability
 - Functional testing $\geq 90\%$ symmetry
 - Completion of sport-specific or occupational drills without symptoms
 - Surgeon clearance
- **Exercises:** Unrestricted overhead, pressing, and contact activities when cleared.

Key Evidence Notes:

- ER limitation in early phase protects both anterior labral repair and infraspinatus posterior capsulotenodesis (Hurley et al., 2020).
- Remplissage decreases recurrence risk in engaging Hill-Sachs lesions but may slightly limit terminal ER; gradual progression avoids stiffness (MacDonald et al., 2011).
- Return to contact sports generally recommended at ≥ 6 months if functional criteria are met (Grieshaber et al., 2018).

