Arthroscopic Bankart (Anterior Labral) Repair

Physical Therapy Protocol · ASSET Consensus–Based

Based on the ASSET consensus rehabilitation guideline for arthroscopic anterior capsulolabral repair and current evidence syntheses (BESS-commissioned recommendations).

AT A GLANCE

TIMELINE	16–26 weeks; full return to contact/overhead sport typically 4–6 months
IMMOBILIZATION	Sling weeks 0–6, removed for exercises 3–5×/day
KEY PRINCIPLE	PROM/AAROM permitted early (rotator cuff not detached); never forceful
EVIDENCE NOTE	Early ROM has not been shown to increase recurrence rates

KEY PRECAUTIONS

- Avoid combined abduction + external rotation (apprehension position) in Phase 1.
- ROM should never be forceful.
- ER at 90° abduction introduced gradually from week 6 (to ~60° limit).

PHASED REHABILITATION

PHASE 1 — PROTECTION	Weeks 0–6
GOALS	• Protect the repair • Controlled early motion
INTERVENTIONS	• Sling immobilization (remove for exercises 3–5 times/day) • Passive and active-assisted ROM permitted • Forward elevation to prescribed limit (~120°); ER to ~30° with arm at side • Avoid combined abduction + ER (apprehension position) • Pendulums, rope-and-pulley elevation, wand-assisted ER, scapular retraction
CRITERIA TO ADVANCE	• Comfortable within protected ROM limits • Surgeon clearance at ~6 weeks

PHASE 2 — ACTIVE MOTION	Weeks 6–12
GOALS	• Progressive AROM in all planes • Light functional use of arm
INTERVENTIONS	• Progressive AROM in all planes • ER at 90° abduction introduced gradually (to ~60° limit) • Scapular and periscapular strengthening • Light functional use of arm in ADLs
CRITERIA TO ADVANCE	• Full AROM without apprehension

PHASE 3 — STRENGTHENING	Weeks 12–16
GOALS	• Dynamic stability and strength
INTERVENTIONS	• Rotator cuff and deltoid strengthening with resistance bands/light weights • CKC exercises (wall push-ups, planks) • Proprioception and dynamic stability drills
CRITERIA TO ADVANCE	• Pain-free strengthening without instability symptoms

PHASE 4 — RETURN TO SPORT	Weeks 16–26
GOALS	• Sport-specific readiness
INTERVENTIONS	• Sport-specific training
CRITERIA TO ADVANCE	• Full return to contact/overhead sport typically 4–6 months

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. Gaunt BW, Shaffer MA, Sauers EL, et al. The ASSET Consensus Rehabilitation Guideline for Arthroscopic Anterior Capsulolabral Repair of the Shoulder. J Orthop Sports Phys Ther. 2010;40(3):155-168.

2. Wong C, Jaggi A, Willmore E, et al. Critical Evidence Synthesis on Rehabilitation Following Arthroscopic Shoulder Stabilisation Surgery for Traumatic Anterior Instability (BESS-commissioned). Br J Sports Med. 2025.

3. Corban J, Shah S, Ramappa AJ. Current Evidence Based Recommendations on Rehabilitation Following Arthroscopic Shoulder Surgery. Curr Rev Musculoskelet Med. 2024;17(7):247-257.

4. Althoff AD, Brunette C, Brockmeier S. Postoperative Rehabilitation After Superior Labrum Anterior Posterior Repair. Phys Med Rehabil Clin N Am. 2023;34(2):377-392.

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.