

# Anterior Bankart Repair

## Anterior Stabilisation – Arthroscopic Bankart Repair: Rehabilitation Evidence

**Topic:** Arthroscopic capsulolabral (Bankart) repair for anterior glenohumeral instability. **Compiled:** 2026-06-16. Sources: local RAG Orthopaedic corpus (154k articles) + published fellowship/PT “standard of care” protocols. **Core early precaution:** protect the *anterior* repair -> limit **external rotation (ER)** (and combined abduction+ER) in the early weeks, because anterior-inferior capsulolabral healing is stressed by ER. This is the mirror image of the posterior protocol.

### Consensus phased timeline

The two published academic protocols below are highly concordant. ER limits are given as degrees in the scapular plane / at the side and at 90 deg abduction.

Phase	Week window	Sling/brace	ROM allowed & restrictions	AROM / strengthening	RTS
<b>I - Immediate post-surgical / protection</b>	0-3 wk	Sling at ALL times (neutral rotation, ~30-45 deg abduction per MGH); remove only for shower + elbow/wrist ROM; sleep in sling 6 wk	<b>No shoulder AROM.</b> PROM begins wk 2: flexion <90 deg, ER in scapular plane < <b>20 deg</b> . Avoid abduction+ER (anterior capsule stress); no reaching behind back	Scapular setting, ball squeezes; <b>submaximal isometrics start wk 3</b> (avoid ER/IR initially)	None
<b>II - Protection / PROM</b>	4-5 wk	Continue sling	PROM progressed: flexion to ~140 deg, <b>ER to 30-45 deg</b> (at	AAROM; submaximal RC isometrics (ER, IR,	None

Phase	Week window	Sling/brace	ROM allowed & restrictions	AROM / strengthening	RTS
			side / scapular plane / and at 90 deg abd per MGH), full IR, full abduction in scapular plane	flexion, abd, ext); periscapular strengthening	
<b>III - Intermediate / AROM</b>	6-8 wk	<b>Wean / discontinue sling</b>	<b>ER to 50-65 deg</b> scapular plane, ER to ~75 deg at 90 deg abd, flexion to ~160 deg. Begin AROM (gravity-minimised -> resisted). Begin posterior-capsule stretches (cross-arm, sleeper)	Begin isotonic RC + rhythmic stabilisation (closed->open chain). NO push-ups/pec flys (anterior stress)	None
<b>IV - Strengthening / transitional</b>	8-12 (-16) wk	None	Progress ER (BWH: 65 deg at 20 deg abd, 75 deg at 90 deg abd wk 8-10; then all planes to tolerance). Full PROM/AROM by ~12 wk	Progressive RC + periscapular strengthening, PNF diagonals, light resistance until wk 12. <b>Avoid contact sport</b>	None
<b>V - Return to activity / strengthening</b>	12-16 wk	None	Full ROM	Heavier strengthening, Thrower's 10, closed-chain push-up progression. Light golf/tennis (no serve until 4 mo)	Begin sport-specific / interval programs
<b>VI - Unrestricted RTS</b>	<b>4-6 months</b>	None	Full	<b>Throwing/overhead not before 4 months.</b> Plyometrics, interval throwing	Full RTS on criteria + MD clearance

**Active ROM start:** ~week 6. **Strengthening start:** isometrics wk 3; isotonic RC wk 6-8. **RTS:** sport-specific ~12-16 wk; **throwing/overhead** >=4 months; **full/contact 4-6 months**, criterion-based.

## RTS CRITERIA (CRITERION-BASED, BOTH PROTOCOLS)

Surgeon clearance; pain-free without instability/apprehension; adequate ROM for task; strength  $\geq 85\%$  of uninvolved arm (handheld dynamometry / isokinetic); ER/IR ratio  $>64\%$ ; symmetric scapular mechanics; functional/endurance tests  $>85\%$  (MGH battery).

## WEIGHT-LIFTING PRECAUTIONS (ANTERIOR-SPECIFIC)

Avoid wide-grip bench press, military press, lat pulls behind the head; “always see your elbows” (avoid the abduction+ER position that re-stresses the anterior repair).

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## Key controversies & evidence flags

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- 1. Immobilisation position - ER vs IR (first-time DISLOCATION, mostly non-operative, but informs surgical positioning debate).** - *Basic-science rationale (Itoi):* a randomised cadaveric/MRI program showed the anterior labrum is better reduced (less separation/displacement) in **external** rotation, and that **abduction further improves Bankart-lesion reduction** (Abd-60ER > Add-ER/Add-IR). Itoi's RCT reported ER immobilisation x3 wk cut recurrence  $\sim 46\%$ . - *Meta-analyses split:* Hurley et al (JISAKOS 2021) meta-analysis - ER immobilisation **reduced** recurrence and improved RTP, with *higher* compliance. **Whelan et al (AJSM 2015, meta-analysis of RCTs), Liu et al (Injury 2014) and Vavken et al (JSES 2014) - no significant benefit of ER over IR. Net: genuinely controversial; best-evidence (multiple RCT meta-analyses) does NOT consistently support ER bracing.** Most *post-Bankart-repair* protocols (BWH/MGH above) use a standard **neutral-rotation** sling, not an ER brace. - **Evidence strength: STRONG but conflicting** (multiple RCTs +  $\geq 4$  meta-analyses, opposite conclusions).
- 2. Accelerated vs conservative post-Bankart rehab.** An RCT (NCT03347019, “Accelerated Rehabilitation After Arthroscopic Bankart Repair”) exists; broader literature (Kim & Saper systematic review, Arthroscopy SM&R 2020; DeFroda et al, Sports Health 2018) finds **wide protocol variability and a lack of high-level evidence** to define the optimal pace, especially in adolescents/young adults. **Evidence: WEAK / consensus-only.**
- 3. Return-to-sport timing & criteria.** International consensus (Hurley/Matache, Arthroscopy 2021/2022, Parts I & III) supports **criteria-based** rather than purely time-based RTS; Ryan (Arthroscopy 2025 editorial) and Kim et al (AJSM 2022 systematic review/meta-analysis) note RTS criteria reduce recurrence but remain hard to validate. Contact/collision athletes: Dickens et al (AJSM 2017, prospective multicentre) - surgical stabilisation gives  $\sim 90\%$  successful RTS and far lower recurrence than non-op in contact athletes. **Evidence: consensus + good prospective cohort; criteria-based RTS = moderate.**
- 4. Bankart vs Latarjet for the same patient (context).** Delgado et al (OJSM 2025, matched-pair long-term) and Beletsky et al (Sports Health 2020, protocol comparison) - Latarjet patients return to sport substantially **faster** ( $\sim 19.6$  wk vs  $\sim 32.4$  wk for Bankart,  $p < 0.001$  in Beletsky) because bony fixation heals faster than soft-tissue labral repair (which needs  $\sim 12$  wk). Relevant when choosing procedure in contact athletes / bone loss.

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## CQ HAND + UPPER LIMB

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# CITATIONS

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## PUBLISHED REHABILITATION PROTOCOLS (URLS)

- Brigham & Women's Hospital, Dept. of Rehabilitation Services - *Arthroscopic Anterior Stabilization (with or without a Bankart Repair) Protocol* (rev. 2016): <https://www.brighamandwomens.org/assets/bwh/patients-and-families/rehabilitation-services/pdfs/shoulder-arthroscopic-anterior-stabilization-protocol.pdf>
- Massachusetts General Brigham Sports Medicine - *Rehabilitation Protocol for Anterior Bankart Repair* (rev. 10/2021): <https://www.massgeneral.org/assets/MGH/pdf/orthopaedics/sports-medicine/physical-therapy/rehabilitation-protocol-for-anterior-bankart.pdf>
- BWH - *Open Anterior Stabilization (with or without a Bankart) Protocol*: <https://www.brighamandwomens.org/assets/bwh/patients-and-families/rehabilitation-services/pdfs/shoulder-open-shoulder-anterior-stabilization-protocol.pdf>

## LOCAL RAG CORPUS (ARTICLE / JOURNAL / YEAR)

- Marcaccio SE, Kaarre J, Steuer F, et al. *Anterior Glenohumeral Instability*. Journal of Bone and Joint Surgery. 2024. (3-phase framework; RTS 4-6 mo; criteria-based testing.) **[consensus/review]**
- Hurley ET, Matache BA, Wong I, et al. *Anterior Shoulder Instability Part I - Diagnosis, Nonoperative Management, and Bankart Repair - An International Consensus Statement*. Arthroscopy. 2021;38(2). **[consensus]**
- Matache BA, Hurley ET, Wong I, et al. *Anterior Shoulder Instability Part III - Revision Surgery, Rehabilitation and Return to Play, and Clinical Follow-up - An International Consensus Statement*. Arthroscopy. 2021;38(2). **[consensus]**
- Whelan DB, Kletke SN, Schemitsch G, Chahal J. *Immobilization in External Rotation Versus Internal Rotation After Primary Anterior Shoulder Dislocation: A Meta-analysis of Randomized Controlled Trials*. The American Journal of Sports Medicine. 2015. **[STRONG - meta-analysis of RCTs; no ER benefit]**
- Hurley ET, Fried JW, Alaia MJ, et al. *Immobilisation in external rotation after first-time traumatic anterior shoulder instability reduces recurrent instability: a meta-analysis*. Journal of ISAKOS. 2021;6(1). **[STRONG - meta-analysis; favours ER]**
- Itoi E, Kitamura T, Hitachi S, et al. *Arm Abduction Provides a Better Reduction of the Bankart Lesion During Immobilization in External Rotation After an Initial Shoulder Dislocation*. The American Journal of Sports Medicine. 2015. **[basic science / imaging]**
- Liu A, Xue X, Chen Y, et al. *The external rotation immobilisation does not reduce recurrence rates or improve quality of life after primary anterior shoulder dislocation: A systematic review and meta-analysis*. Injury. 2014. **[STRONG - meta-analysis; no ER benefit]**
- Vavken P, Sadoghi P, Quidde J, et al. *Immobilization in internal or external rotation does not change recurrence rates after traumatic anterior shoulder dislocation*. Journal of Shoulder and Elbow Surgery. 2014;23(1). **[STRONG - meta-analysis]**

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## CQ HAND + UPPER LIMB

- Kim K, Saper MG. *Postoperative Management Following Arthroscopic Bankart Repair in Adolescents and Young Adults: A Systematic Review*. *Arthroscopy, Sports Medicine, and Rehabilitation*. 2020;2(6). **[systematic review - notes protocol variability / weak evidence]**
- Kim M, Haratian A, Fathi A, et al. *Can We Identify Why Athletes Fail to Return to Sports After Arthroscopic Bankart Repair? A Systematic Review and Meta-analysis*. *The American Journal of Sports Medicine*. 2022. **[systematic review/meta-analysis]**
- Ryan PM. *Editorial Commentary: Criteria on the Basis of Return to Sport Evaluation After Arthroscopic Bankart Repair*. *Arthroscopy*. 2025;41(8). **[expert editorial]**
- Dickens JF, Rue J, Cameron KL, et al. *Successful Return to Sport After Arthroscopic Shoulder Stabilization Versus Nonoperative Management in Contact Athletes With Anterior Shoulder Instability: A Prospective Multicenter Study*. *The American Journal of Sports Medicine*. 2017;45(11). **[prospective cohort - contact athletes]**
- Beletsky A, Cancienne JM, Manderle BJ, et al. *A Comparison of Physical Therapy Protocols Between Open Latarjet Coracoid Transfer and Arthroscopic Bankart Repair*. *Sports Health*. 2020. **[protocol comparison - Bankart RTS ~32 wk vs Latarjet ~20 wk]**
- Bartl C, Schumann K, Paul J, et al. *Arthroscopic Capsulolabral Revision Repair for Recurrent Anterior Shoulder Instability*. *The American Journal of Sports Medicine*. 2011;39(3). *(ER restricted to 0 deg for 6 wk; flexion/abd limited to 90 deg for 6 wk - example surgical protocol.)*

**Overall evidence grade for the phased protocol itself:** CONSENSUS / institutional standard-of-care (Level V) - no single RCT defines the canonical timeline; the immobilisation-position question is the only part addressed by RCT-level meta-analysis (and is unresolved).