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Arthroscopic Bankart + Remplissage Repair Protocol

This is a concise, practical rehabilitation protocol for patients and physiotherapists after Arthroscopic Bankart + Remplissage Repair. The main principle is to protect both the anterior labral repair and the posterior infraspinatus tenodesis, so rehab is usually a little more conservative than a standard Bankart, especially for external rotation loading and posterior cuff strengthening.
Please do not deviate from this protocol without discussing with Dr Rishabh Hegde (the treating doctor / primary surgeon) prior.

General principles

- Sling protection is usually used for about 4 to 6 weeks.
- Range of motion is restored gradually over the first 8 to 10 weeks rather than aggressively.
- Early external rotation is protected to avoid stressing the Bankart repair.
- Early aggressive internal rotation or horizontal adduction is also avoided to protect the remplissage
- External rotation strengthening is delayed compared with isolated Bankart repair

Phase	Time	Main goals	Main restrictions
Phase 1	0–6 weeks	Protect repair, control pain, maintain distal mobility	Sling, no active shoulder ROM, protect ER and IR
Phase 2	7–12 weeks	Gradually restore ROM, begin scapular control	Avoid aggressive ER, avoid heavy posterior cuff loading
Phase 3	3–6 months	Restore full AROM, begin progressive strengthening	Delay high-load ER work and overhead loading until tolerated
Phase 4	6+ months	Sport/work progression	Return only after strength, ROM, stability, and confidence are adequate

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Phase 1: 0 to 6 weeks

Goals

- Protect the anterior repair and remplissage site.
- Control pain and swelling.
- Maintain elbow, wrist, and hand mobility.
- Prevent excessive stiffness without stressing healing tissues.

Immobilization

Immobilisation for 4-6 weeks. Use a sling essentially full-time except for showering and exercises

Exercises

- Elbow, wrist, and hand range of motion.
- Grip strengthening.
- Distal oedema control and posture work.
- Start pendulums and deltoid, scapula isometrics

ROM precautions

- No active shoulder ROM in the strict early phase.
- Protect external rotation for the first 4 to 8 weeks.
- Avoid combined abduction plus external rotation.
- Avoid aggressive internal rotation stretching or cross-body loading

Phase 2: 7 to 12 weeks

Goals

- Slowly restore forward flexion and rotation.
- Improve scapular control.
- Transition from protection to controlled motion.

Range of motion

Forward flexion, internal rotation, and external rotation are increased gradually as tolerated, but rotation should be restored slowly. Internal rotation progression needs caution, and external rotation strengthening should be delayed compared with isolated Bankart repair.

Exercises

- Continue elbow, wrist, and hand ROM and grip work.
- Prone extension.
- Scapular stabilizing exercises such as trapezius, rhomboid, and levator work.
- Gentle joint mobilization if needed.
- Light cuff activation in protected ranges, but avoid aggressive posterior cuff strengthening early.

Avoid

- Forceful end-range stretching.
- Heavy scapular retraction or external rotation resistance early.
- Bench press, wide-grip pressing, and provocative instability positions.

Phase 3: 3 to 6 months

Goals

- Achieve full active ROM without discomfort.
- Build rotator cuff, deltoid, and scapular strength.
- Improve dynamic stability and confidence.

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Exercises

- Progress theraband work to light weights.
- Use 8 to 12 reps for rotator cuff, deltoid, and scapular stabilizers.
- Continue scapular control and proprioception drills.
- Add upper-extremity ergometer and functional strengthening.

Strength precautions

Formal shoulder-specific strengthening is generally delayed until roughly 10 weeks on average. Please discuss with Dr Rishabh for the same. Posterior cuff strengthening gradually introduced

Phase 4: 6 months and beyond

Goals

- Return to full work and sport safely.
- Restore full ROM, strength, stability, and psychological readiness.

Return-to-sport criteria

- No pain or tenderness.
- Full functional active ROM.
- Strength at least about 90% of the opposite side, including external and internal rotation.
- Good upper-extremity closed-chain function and sport-specific tolerance.
- Psychological readiness, especially in athletes returning to instability-risk sports.
- Overhead athletes have to wait for 6-9 months on average

Home program outline

Daily in the first 6 weeks

- Sling compliance.
- Elbow, wrist, and hand ROM.
- Grip strengthening.
- Posture and oedema control.

Three to five days per week after motion begins

- Gradual ROM drills.
- Scapular stabilization.
- Progressive rotator cuff and deltoid strengthening.
- Proprioception and functional progression.

Dr Rishabh Hegde