

Rehabilitation Protocol: Anterior Shoulder Stabilization (Bankart Repair ± Remplissage)

Date of Surgery: _____

Procedure: ☐ Arthroscopic Bankart ☐ Open Stabilization ☐ Remplissage

Remplissage: The infraspinatus is tenodesed into the Hill-Sachs defect and heals like a rotator cuff repair – **no active or passive tension on the posterior cuff for 6 weeks and no resisted posterior cuff work for 12 weeks.** Remplissage modifications are listed in each phase.

Open Stabilization: The subscapularis is taken down/split and repaired – subscapularis precautions are listed in each phase.

Progression is both time- and criteria-based. Please contact our office with any questions or concerns.

☐ **Phase I – Protection (Weeks 0–2)**

- **Sling:** At all times for 4 weeks except for exercises and hygiene
- **Precautions:** Avoid stress on the anterior shoulder; no forced stretching; avoid painful activities
- **Range of Motion** – ER to neutral; elevation in scapular plane to 60°
- **Therapeutic Exercises**
 - Gripping and hand AROM
 - Wrist AROM (flexion/extension, pronation/supination)
 - Postural awareness
- **Remplissage:** All ER must be **passive (well-arm assisted)** within limits
- **Open Stabilization:** **ER max 30° through 6 weeks; no active or resisted IR**
- **Criteria to Progress:** Decreasing discomfort at rest

☐ **Phase II – Intermediate (Weeks 2–6)**

- **Sling:** Discontinue at 4 weeks
- **Precautions:** No forced PROM; avoid undue stress to the anterior shoulder; monitor for stiffness
- **Range of Motion** – Do not force, but assess for stiffness. Abduction 0–90° (gentle) for the first 6 weeks

Scapular Plane	Elevation	ER	IR
Weeks 2–3	90°	5–10°	30–45°
Week 4	90–100°	15–20°	50–60°
Weeks 5–6	120–145°	40–60°	50–60°

- **Therapeutic Exercises**
 - **Week 2:** Scapular isometrics, elbow AROM, shoulder AAROM
 - **Week 3:** Rotator cuff isometrics; ER/IR rhythmic stabilization with PT
 - **Week 4:** Elastic band rows
 - **Weeks 5–6:** Rotator cuff isotonic (arthroscopic; **open: start week 6**); prone row and prone extension
- **Remplissage:** ER remains **passive only** through 6 weeks; **no ER isometrics, ER isotonic, or ER rhythmic stabilization**; IR isometrics/isotonic OK; light-resistance rows only
- **Open Stabilization:** **ER max 30° through 6 weeks** (overrides table); no IR isometrics or ER/IR rhythmic stabilization until 6 weeks; begin RC isotonic at week 6, excluding IR
- **Criteria to Progress:** No pain at rest; PROM 120° elevation and 45° ER in scapular plane; tolerating scapular and RC exercises without discomfort

☐ Phase III – Advanced (Weeks 6–15)

- **Precautions:** No forced PROM; avoid undue stress to the anterior shoulder; no painful activities
- **Range of Motion –**
 - **Weeks 6–7:** Begin light, pain-free ER at 90° abduction, progressing to 30°
 - **Weeks 7–9:** Flexion 160–180°; ER at 90° abduction 75–90°; IR at 90° abduction 70–75°
 - **Weeks 9–12:** Flexion 180°; ER at 90° abduction 100–115°
 - **Remplissage:** ER targets may be lower – some loss of ER is expected
- **Therapeutic Exercises**
 - Posterior shoulder stretching at PT discretion
 - Thrower's Ten, progressing to Advanced Thrower's Ten
 - Scapular stabilization: quadruped double-arm protraction; prone T and I, progressing to Y and W as ROM allows
 - End-range stabilization with exercise blade/perturbations; shoulder endurance work
 - UE ergometer if ROM allows; core strengthening/kinetic linking
 - **Weeks 10–15:** 90/90 ER/IR strengthening
- **Remplissage (Weeks 6–12): No cross-body or sleeper stretch; no ER isometrics or resisted ER.** Active ER in available range without resistance. IR strengthening OK; minimal resistance for scapular retraction
- **Remplissage (Week 12+):** Begin very gentle, slow cross-body and sleeper stretch progression. Begin resisted ER and scapular retraction at neutral, progressing to elevated positions with Theraband/light weights. Thrower's Ten ER components and 90/90 ER strengthening begin only after 12 weeks
- **Open Stabilization:** Progress ER gradually after 6 weeks; **no resisted IR until 10 weeks;** no sudden, forceful IR (throwing, swimming, golf) until 3 months
- **Criteria to Progress:** Full shoulder AROM; 4/5 strength below shoulder height

☐ Phase IV – Neuromuscular/Plyometrics (Weeks 16–19)

- **Goals:** Restore normal neuromuscular function; maintain strength and flexibility; isokinetic IR/ER strength at least equal to the unaffected side; ER/IR strength ratio >66%; prevent re-injury
- **Precautions:** Plyometrics must be pain-free; modify for significant pain with a specific activity or any feeling of instability
- **Therapeutic Exercises**
 - Full upper extremity strengthening; ER/IR in 90/90 position (overhead athletes)
 - Continue RC and scapular stabilization; progress Advanced Thrower's Ten
 - Plyometric progression over 4 weeks: double-hand chest pass, overhead soccer pass, and chops; single-hand IR at 0° abduction; eccentric catch; single-hand 90/90 IR
 - Endurance: double-hand overhead wall taps; single-arm 90/90 and 12-to-3 o'clock wall taps; exercise blade
 - Sport- and activity-specific program; update HEP
- **Criteria to Progress:** Pain-free sport- or activity-specific program; isokinetic IR/ER strength at least equal to unaffected side; ER/IR ratio >66%; independent with HEP and sport/activity program

☐ Phase V – Return to Sport (Month 5+)

- **Remplissage:** Return to sport-specific activity at **20+ weeks**
- **Return to Activity:** Non-contact recreational activities may resume once Phase IV criteria are met (typically ~4–5 months); contact and overhead sports follow the interval sports program below
- **Therapeutic Exercises**
 - Initiate interval sports program at 5 months
 - Continue upper and lower extremity flexibility and advanced shoulder/scapular strengthening
 - Gradually progress sport activity and monitor workload

- **Criteria for Return to Sport:** Symptom-free progression through interval sports program; independent with arm care program; physician clearance