EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Anterior Shoulder Stabilization / Bankart Repair

Protection of the repaired anterior labrum and capsule with staged external rotation

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Use after arthroscopic anterior stabilization with or without Bankart repair. Bone-block procedures, remplissage, open stabilization, or additional repairs may require different restrictions.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-3 weeks	Sling full time except hygiene and distal exercises	No active shoulder motion; shoulder ROM only if specifically prescribed
3-6 weeks	Continue sling; no lifting or upper-extremity weight bearing	Staged passive/assisted elevation and external rotation
6-12 weeks	Wean sling; avoid anterior-capsule stress	Restore active motion and begin controlled cuff/scapular strength
4-6+ months	No throwing/contact until cleared	Criterion-based return; throwers may require longer

PHASE-BY-PHASE PLAN

Phase 1 | Maximum protection (0-3 weeks)

- **Priorities:** Protect the repair; control pain; maintain hand, wrist, elbow, and scapular function.
- **Protection:** Wear the sling for walking and sleep. Remove only for hygiene and prescribed exercises.
- **Protection:** No active shoulder elevation or external rotation, no lifting, no supporting body weight through the arm, and no combined abduction/external rotation.

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- **Therapy focus:** Hand gripping; elbow, wrist, and hand ROM; supported scapular setting; posture; ice.
- **Therapy focus:** Do not begin shoulder ROM unless Dr. Edwards or the therapist has provided the exact limits.

Phase 2 | Protected motion (3-6 weeks)

- **Priorities:** Gradually restore safe passive/assisted motion without stressing the anterior repair.
- **Protection:** Continue the sling until at least 6 weeks unless directed otherwise. No active forward elevation or external rotation and no closed-chain loading.
- **Therapy focus:** Supported pendulums, passive/assisted forward elevation: up to 90 degrees through week 3, then up to 135 degrees by week 6.
- **Therapy focus:** External rotation with the arm supported in the scapular plane: up to 30 degrees through week 3, then up to 45 degrees by week 6. Add submaximal isometrics and scapular stabilization.

Phase 3 | Active motion and strength (6-12 weeks)

- **Priorities:** Restore active motion with good mechanics; improve rotator-cuff and periscapular endurance.
- **Protection:** Avoid aggressive stretching, push-ups, flys, wide-grip pressing, and loaded abduction/external rotation.
- **Therapy focus:** Progress AAROM to AROM, posterior shoulder mobility, rows to neutral, cuff isometrics/isotonics, rhythmic stabilization, and controlled closed-chain drills.
- **Therapy focus:** Advance only with minimal pain, no instability symptoms, and no compensatory shoulder hiking.

Phase 4 | Functional return (12-24+ weeks)

- **Priorities:** Restore strength, power, and activity-specific stability.
- **Protection:** No throwing or overhead athletic motion before 4 months. Avoid behind-the-neck press/pulldown and wide-grip bench press.
- **Therapy focus:** Progress strength, plyometrics, interval sport, and work simulation. Non-throwing return is commonly 4-6 months; throwers/contact athletes may take longer.
- **Therapy focus:** Return requires pain-free stable function, activity-appropriate ROM, near-symmetric objective strength, and surgeon clearance.