DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Anterior Labral (Bankart) Repair

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Use the sling or immobilizer as prescribed, typically for 4–6 weeks, including while sleeping.
- Protect the anterior capsule and labral repair by avoiding combined abduction and external rotation, reaching behind the back, lifting, pushing, pulling, or supporting body weight through the operative arm in the early phase.
- Progress shoulder motion gradually from passive to active-assisted to active, and then to strengthening, based on tissue healing, pain, and surgeon-specific restrictions.
- Perform elbow, wrist, and hand motion regularly, and monitor posture and scapular control throughout rehabilitation.
- Contact the surgeon for fever, excessive drainage, increasing redness, uncontrolled pain, new numbness or tingling, or sudden loss of motion.

PHASE I

Immediate Post-Op Protection

TIMEFRAME

WEEKS 0–6

Goals:
Protect the repair, control pain and swelling, maintain mobility of the elbow/wrist/hand, and begin protected shoulder passive motion within ordered limits.

Precautions:
No active shoulder motion, no lifting, no reaching behind the back, no weight bearing through the arm, and avoid abduction combined with external rotation that stresses the anterior repair.

Typical Motion Limits:
Forward elevation limited to about 45° and no external rotation in the scapular plane.

Interventions:
Cryotherapy, grip strengthening, elbow/wrist range of motion, pendulums if permitted, scapular setting, postural work, and gentle shoulder passive motion only within ordered limits.

Criteria to Progress:
Pain is controlled, the wound is healing, the patient tolerates early protected motion, and there are no signs of instability or repair irritation.

PHASE II

Passive to Active-Assisted Motion

TIMEFRAME

WEEKS 6–12

Goals:
Progress passive range of motion, transition to active-assisted motion as cleared, restore basic neuromuscular and scapular control, and gradually wean from the sling when approved.

Interventions:
Continue passive motion; add cane or pulley active-assisted motion, table slides, wall-assisted flexion, scapular control drills, and gentle submaximal isometrics in safe positions if permitted.

Restrictions:
Avoid forceful stretching, sudden jerking motions, heavy lifting, push-ups, and excessive external rotation or extension that may stress the anterior capsule.

Criteria to Progress:
Improving range of motion, good tolerance of active-assisted motion, minimal substitution, and no increase in pain or apprehension.

PHASE III

Advanced Strengthening & Return to Activity

TIMEFRAME

WEEKS 12–20+

Goals:
Build strength and endurance, normalize overhead mechanics, improve dynamic stability, and prepare for return to work, recreation, or sport.

Interventions:
Advance resisted cuff and scapular strengthening, closed-chain loading, rhythmic stabilization, overhead progression, plyometric progression when appropriate, and task- or sport-specific drills.

Return to Work/Sport:
Desk work may resume sooner, while heavy labor, collision sports, overhead sports, and throwing progression usually require surgeon clearance and often a 4–6 month timeline or longer.

Discharge Criteria:
Functional range of motion, adequate shoulder strength and endurance, stable mechanics during daily and sport-specific tasks, and no significant pain or apprehension.

This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on instability severity, repair technique, and tissue quality.