PATIENT GUIDE · ARTHROSCOPIC ANTERIOR STABILIZATION (BANKART)

Your Shoulder Stabilization Recovery Roadmap

With and without remplissage. The recovery plan is the same for both.

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Your recovery timeline

0–1 week
PHASE 1 · PROTECT
Sling on, keeping the arm turned in with your hand in front of your body. **Do not use the arm on your own.**

1–6 weeks
PHASE 2 · GUIDED MOTION
Therapy starts after week 1. Your therapist moves the arm for you, following the separate rehab protocol you will receive. **Goal by 6 weeks: arm forward to 90°, turned outward to 30°.**

6–12 weeks
PHASE 3 · SLING OFF, MOTION RETURNS
Sling off at 6 weeks and you may drive. Outward rotation increases slowly. **Light resistance and jogging begin at 8 weeks.**

3–5 months
PHASE 4 · STRENGTH
Weightlifting begins at 12 weeks. Strength builds and motion is finished. Basketball or soccer players may start ball-handling drills at 3–4 months.

5–6 months
RETURN TO SPORT
Contact sports, surfing and paddling at 5–6 months, including football, soccer and basketball, **once you have functional motion, normal strength and pass return-to-sport testing.** Your therapist and I make this decision together.

Protect the repair for the first 6 weeks

Why: The torn labrum has been reattached to the socket and is just beginning to heal. Turning the arm outward pulls directly on that repair.

Do not: turn the arm outward past 30° (reaching back for a seatbelt, throwing, putting on a jacket arm-first) · raise the arm forward past 90° · make sudden or unexpected reaches · lift anything heavier than a coffee cup.

But don't over-protect: a shoulder held too still gets stiff. Do your therapy as the protocol says.

The first six weeks

Sling: A simple sling for 6 weeks, to remind you not to overuse the shoulder. Remove it to shower.

Driving: No driving until 6 weeks.

Work and school: Desk work when comfortable, often within a few days. Most return to school after the first visit (5–7 days).

Incisions: Two in front, one in back. Dissolving stitches under the skin; nothing to remove. Dressing on 5 days, then wounds may get wet in the shower.

Good to know

Nerve block: Typical for this surgery; your anesthesiologist will discuss it with you.

Sleeping: Most sleep better partly upright: recliner, bed wedge or pillows. **Ice** helps comfort; optional.

If you had a remplissage: It adds stability and lowers the chance of dislocating again. Some outward rotation may be lost, usually without limiting function. Throwing and overhead athletes (quarterback, baseball, softball, water polo, swimming) may notice it.

Some patients follow a different plan; we will tell you.