



Labral Surgical Repair - Bankart

Goal of Surgery

- to re-establish normal stability of the joint and maintain a good range of motion.

Surgical Procedure

- identify and address pathology (or damage)
- involves either repairing the ligaments that run in the joint capsule that have been pulled off the edge of the socket or tightening abnormally loose glenohumeral ligaments.

Post Operative Protocol

Wear your sling for 6 weeks (including night time) to protect your repair.

NO physiotherapy until after your first assessment at 6-7weeks post-surgery.

Cracking/popping sounds (similar to cracking knuckles) are common and part of the regular post-operative course.

Weeks 0 – 6

- Wear sling full-time
- Wrist/forearm/elbow exercises
- Forward flexion [FF] – max 90 deg.
- External rotation [ER] – max 0 deg. (i.e. NO ER)
- RC Isometrics
- NO lifting
- NO abduction [Abd] (bringing arm away from the side)

Weeks 6 - 7

- FF – 135 deg.
- ER – 30 deg.
- Internal rotation [IR] – belt line
- Abd/ER – 50 deg.

Weeks 8 - 9

- FF – full
- ER – 45 deg.
- IR – full
- Abd/ER to 60 deg.

After 6 weeks

- Resisted program (see weight training)
- Rotator cuff & scapular strengthening, Shrugs, Rows
- Gradually increase external rotations to full by 12 wks

Weight Training

- No long lever arms
- No abducted positions
- No impingement positions
- Avoid anterior capsular stress (e.g. no wide grip bench)

Return to Activities

- Computer - As soon as tolerated
- Running - 6 weeks
- Golf - 12 weeks
- Play baseball - 5 months if comfortable
- Tennis - 4 months
- Throwing (toss) - 4 months



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- Contact sports (including mountain biking, skiing, snowboarding) - 6 months