

Anterior Bankart Repair

Rehabilitation after an arthroscopic Bankart repair.

Kieran Hirpara 4.0



This protocol guides your recovery after an **arthroscopic anterior Bankart repair** with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It pairs a plain-English explanation of each stage with a structured programme you can share with your physiotherapist – bring this page or its PDF to your first appointment so your rehabilitation stays coordinated. Your physiotherapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

A Bankart repair fixes the torn rim of cartilage (the labrum) and the stretched capsule back onto the front of the socket, after the shoulder has dislocated or come partly out of joint towards the front. That repair is soft tissue, and like a healing tendon it needs time to knit firmly back onto the bone – roughly **twelve weeks** before it is reliably strong. This whole programme is built around protecting that healing.

The single most important rule is to **protect the front of the shoulder early** by limiting how far the arm rotates outwards. Turning the arm outwards – especially with the arm raised out to the side – pulls directly on the repair at the front. So outward rotation is kept small at first and opened up only in careful steps, reaching full by around twelve weeks.

Recovery is staged rather than rushed. Movement comes back first, then strength, then the demands of sport and heavier work. Soft-tissue labral repairs heal more slowly than the bony Latarjet operation, so the timeline here is deliberately patient: most people return to contact or overhead sport at **four to six months**, once they have met the targets – not on a fixed date.

The procedure

Your Bankart repair is done arthroscopically (keyhole). Through small incisions, the torn labrum and capsule at the front of the shoulder are re-attached to the rim of the socket with small anchors and stitches, restoring the bumper and the tension that keep the ball centred in the socket. The job of rehabilitation is to protect that re-attachment while it heals, then gradually rebuild full movement, strength and confidence in the shoulder.

Wearing your sling

You will wear a **simple shoulder sling** – not a special brace. Dr Hirpara uses a simple sling held in neutral rotation (forearm resting across the stomach); no abduction pillow, wedge or “gunslinger” brace is needed. Your protection comes from the sling **and** from keeping the arm out of the at-risk position, not from the shape of the brace.

- Wear the sling for **6 weeks** for daytime support, especially when you are out of the house or around other people.
- **You do not sleep in the sling.** It is daytime support only – sleep out of it, with your arm comfortable and supported on a pillow. While you are asleep, keep your arm **in front of you and tucked in towards your body** – do not let it fall out to the side and turn outwards (the position described below).
- Take it off for **showering and for your exercises** (once you have been shown how). Whenever the sling is off, keep your arm relaxed, in front of you, and by your side.
- Use ice if the shoulder is swollen or sore, especially after exercise.

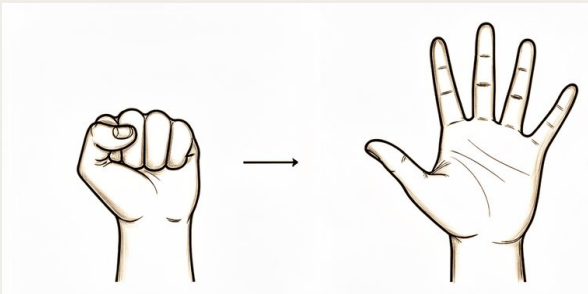
Watch your posture while you are using the sling: keep your ears, shoulders and hips in line and avoid slumping.

Key precautions – do NOT

- Do **NOT** put your arm into the “**hand-up**” or **throwing position** – arm raised out to the side and rotated outwards, as if waving or about to throw. This is the position the shoulder dislocates in, and it pulls directly on the front repair. A simple guide some people use is “*always keep your elbows where you can see them*” – keep the arms in front of you.
- Do **NOT** actively rotate the arm outwards past the limits below in the early weeks. Outward rotation is opened up in stages: only a small amount (around **20°**, well short of the straight-ahead position) in the first weeks, building to full by about **12 weeks**.
- Do **NOT** actively move the shoulder under its own power until about **6 weeks** – let your good arm or a stick do the work before then.
- Do **NOT** reach behind your back, do up a bra, or put your hand in a back pocket early.
- Do **NOT** lift, push, pull, or bear weight through the operated arm for **6 weeks**.

- Do **NOT** do push-ups, bench press, wide-grip or chest-fly weights, military (overhead) press, or pull-downs behind the neck until late in the programme – these all load or stretch the front of the shoulder.
- Do **NOT** force or stretch into the position that feels like the shoulder might slip – pain or a feeling of apprehension is a signal to stop.
- Do **NOT** drive while the sling is required (6 weeks).

Phase I: Protection (weeks 0–6)

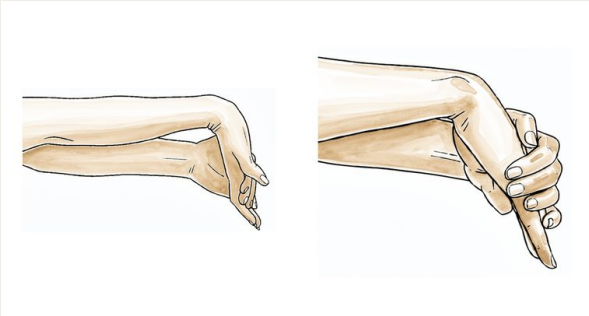


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Open and close hand

Make a tight fist with your hand, then open it fully. This keeps your hand moving and helps prevent stiffness and swelling.

10 times per hour

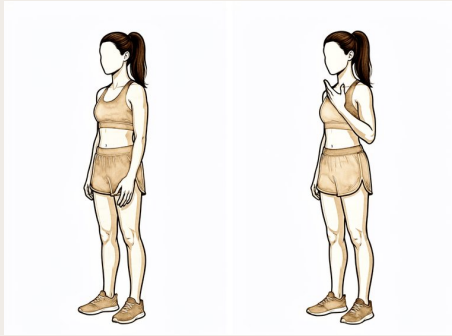


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Wrist bends

Gently bend your wrist forwards, then back, as far as is comfortable.

10–15 times per hour

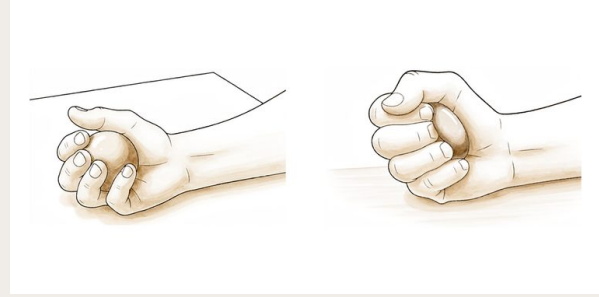


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Elbow bends

With your palm facing up, gently bend your elbow as far as you can, then straighten your arm again. Keep your upper arm tucked at your side. Do NOT let the arm rotate outwards as you do this.

10–15 times, 2–3 times a day

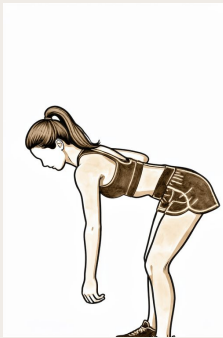


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Ball squeeze

Gently squeeze a soft ball or a rolled-up sock in your hand, then release. This keeps the hand and forearm active while the shoulder rests.

10–15 times, a few times a day

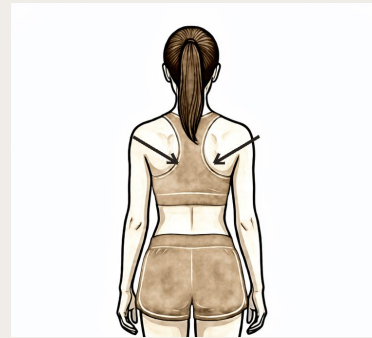


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Pendulum swings

Lean forwards and let your operated arm hang down, completely relaxed. Make small circles — clockwise, then the other way — by rocking your body, NOT by using your shoulder muscles. Keep the circle small (under about 20 cm) and keep the arm hanging straight down — do not let it swing out to the side and turn outwards. Your operated arm stays relaxed throughout.

10 in each direction, 2–3 times a day



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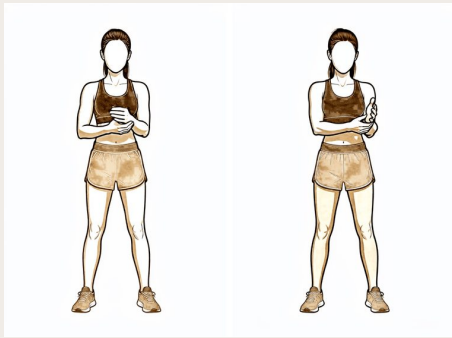
Shoulder-blade setting

Gently squeeze your shoulder blades downwards and together, hold, then relax. This is a light muscle-activation drill — your arm does not move and your shoulder stays relaxed.

Hold 5 seconds, 5 times, 2–3 times a day

CQ HAND + UPPER LIMB

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Assisted external rotation to neutral

From about week 2, only if your physiotherapist directs it. With your elbow tucked at your side and bent to 90° and your hand resting across your stomach, use your good hand to gently guide the forearm outwards — but only a **SMALL** amount (about a quarter turn, roughly 20°) and never past the straight-ahead (neutral) position in these early weeks. Stay strictly within the limit your physiotherapist sets and never force it. This is the motion that stresses the repair, so it is deliberately kept small.

As guided by your physiotherapist, within the set limit

The first six weeks are about one thing: protecting the repair at the front of the shoulder while it starts to heal onto the bone. You stay in the simple sling for daytime support, sleep out of it (with the arm kept in front, never out-and-rotated), manage swelling with ice, and do gentle drills that keep your hand, wrist and elbow moving **without** loading or stretching the repair. There is no active shoulder movement under your own power yet — your good arm or a stick does the work for you, and you stay completely relaxed.

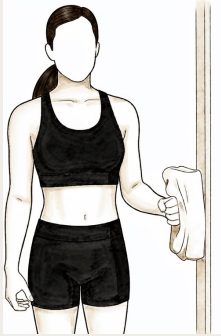
- **Sling:** simple sling in neutral rotation for daytime support; sleep **OUT** of the sling but keep the arm in front and tucked in; off for exercises and hygiene.
- **Movement allowed:** assisted and passive movement only — nothing under your own shoulder power. From about week 2, gentle assisted forward lift towards about **90°** (halfway up), and assisted outward rotation only a **small amount (around 20°, not reaching the straight-ahead position)**. Keep the arm in front of the body throughout — never out to the side and rotated outwards.
- **Exercises:** pendulum swings; gentle hand, wrist and elbow movement; ball squeezes; shoulder-blade setting; from about **week 3**, gentle pain-free muscle-setting holds — pressing the arm very lightly into a wall or your other hand and holding, **without rotating the arm** (no turning in or out yet) — as your physiotherapist directs; and, from about week 2 if your physiotherapist directs it, small-range assisted outward rotation strictly within the set limit.

Ready for the next phase when: your pain is settling and controlled with simple pain relief (about 3/10 or less); you have completed the six weeks of sling protection; your wound has healed with no signs of a problem; you can tolerate the gentle assisted movements within their limits without any feeling that the shoulder might slip; and there is no sign the repair has been over-stressed.

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Phase II: Restoring movement and rotation (weeks 6–12)

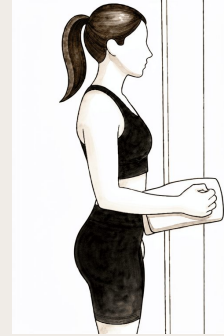


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Isometric external rotation

From about week 6–8, once your physiotherapist agrees. Stand with your elbow tucked at your side and bent to 90°, the back of your hand near a wall or door frame. Press the back of your hand gently outwards into the surface WITHOUT letting the arm move — a gentle effort, about a quarter of your strength, with no pain. Hold, then relax. Build this up slowly, because outward rotation is the direction the repair is most sensitive to.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist



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Isometric internal rotation

From about week 6–8, once your physiotherapist agrees. Stand with your elbow tucked at your side, palm against a wall. Press the palm gently inwards WITHOUT letting the arm move — about a quarter effort, with no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist

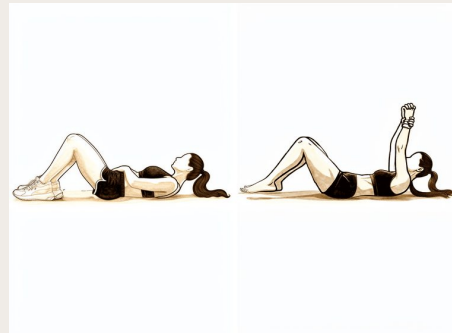


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Isometric arm-out-to-the-side

From about week 6–8, once your physiotherapist agrees. Stand side-on with the outside of your upper arm near a wall, elbow at your side. Press the arm gently outwards into the wall WITHOUT letting it move — about a quarter effort, no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist



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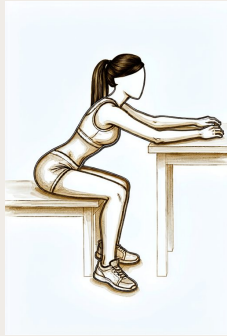
Assisted forward lift in lying

Lying on your back, hold a stick in both hands and use your good arm to lift the operated arm forwards and up — the operated shoulder stays relaxed. Move smoothly, never force, and lower with control. Build the height gradually within the range your physiotherapist sets.

10 times, 2–3 times a day

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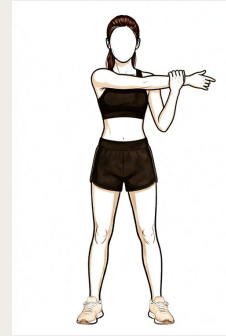


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Seated table slide

Sit at a table with your operated hand on a towel. Slide the hand forwards along the surface so the arm reaches forwards and up, letting the table take the weight, then slide back. Keep the arm in front of you — do not slide it out to the side and let it turn outwards.

10 times, 2–3 times a day



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Cross-body stretch

From about week 6–8 if your physiotherapist directs it. Use your good hand to draw the operated arm gently across your chest until you feel a comfortable stretch at the back of the shoulder. Keep it gentle — do not force. This stretches the back of the shoulder and does not stress the front repair.

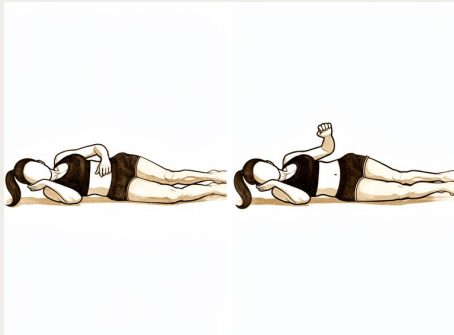
Hold 10–20 seconds, a few times, as guided by your physiotherapist

The sling is now off and the focus is restoring **movement**, not power. You progress from assisted movement to moving the arm under your own power, and — importantly — outward rotation is gradually opened up: from around **30–45°** early in this phase towards **full by about twelve weeks**. This is done in steps, never forced, because the front repair is still maturing. Light muscle-activation (isometric) drills are added as movement improves.

- **Sling:** off.
- **Movement allowed:** assisted movement building to movement under your own power. Forward lift progresses towards full overhead. **Outward rotation is advanced in stages** — roughly 30–45° early in this phase, then opened up towards full by about week 12. Reaching behind the back is reintroduced gently and late in this phase.
- **Exercises:** assisted forward lift in lying; seated table slide; gentle isometric (press-and-hold) external rotation, internal rotation and arm-out-to-the-side drills; cross-body stretch for the back of the shoulder.

Ready for the next phase when: you can lift the arm forwards under your own power to nearly full height with good control (no shrugging or hitching of the shoulder blade); your outward rotation has progressed to full or nearly full and is comfortable; gentle isometrics are tolerated without a pain flare-up afterwards; and you have no feeling that the shoulder might slip during everyday movements.

Phase III: Strengthening (weeks 12–16)

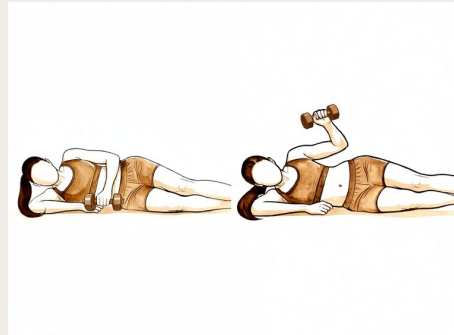


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Sidelying outward rotation

From about week 12. Lie on your good side, operated elbow tucked at your waist and bent to 90°. Rotate the operated forearm upwards towards the ceiling, then lower with control. Start with no weight, staying within the range your physiotherapist sets. This rebuilds the outward-rotation strength last, as it is the direction the repair is most protective of.

As guided by your physiotherapist

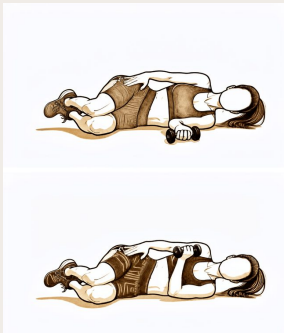


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Sidelying outward rotation with a light weight

The sidelying outward rotation as before, now with a light weight, building the load gradually. Keep the elbow tucked in at your waist. Stop if the shoulder is painful.

As guided by your physiotherapist

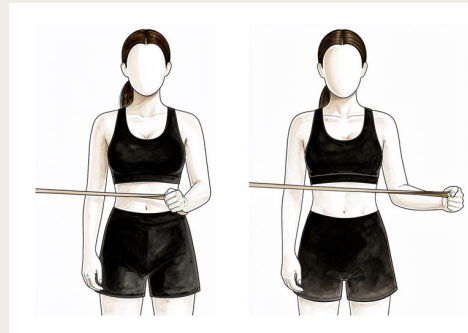


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Sidelying inward rotation with a light weight

From about week 12. Lie on your operated side, elbow tucked at your waist and bent to 90°, holding a light weight. Lift the forearm upwards towards your stomach, then lower with control.

As guided by your physiotherapist

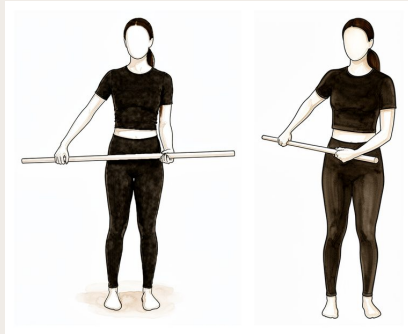


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External rotation with a band

From about week 12, once full rotation is comfortable. Keep your elbow tucked at your side and bent to 90°. Rotate the forearm outwards against a light band, then return with control. Use a light band and many repetitions, not heavy resistance.

As guided by your physiotherapist

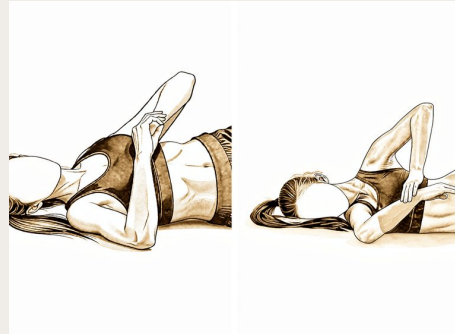


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Internal rotation with a stick

From about week 12. Hold a stick behind your back and use your good hand to draw the operated hand gently up your back, then lower with control. Keep it comfortable and within your physiotherapist's limits.

As guided by your physiotherapist

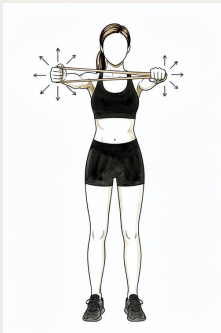


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Sleeper stretch

From about week 12, if your physiotherapist directs it. Lie on your operated side with the arm forwards and elbow bent. Use your top hand to gently press the forearm down towards the bed until you feel a comfortable stretch at the back of the shoulder. Gentle only — do not force.

Hold 10–20 seconds, a few times, as guided by your physiotherapist



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Rhythmic stabilisation

With your arm supported in front of you at about shoulder height, have your physiotherapist (or your good hand) apply small, gentle pushes from different directions while you hold the arm still and steady — do not let it move. This trains the shoulder's stabilising muscles to react. Keep all the efforts gentle.

As guided by your physiotherapist

By twelve weeks the repair is strong enough to begin proper strengthening, and the focus shifts from regaining movement to rebuilding strength, endurance and control. Resistance work with light bands and light weights starts now — high repetitions, low loads. The **rotator-cuff muscles that hold the shoulder in are strengthened in all directions**, with outward rotation built up carefully as the direction the repair is most sensitive to. Always keep movements controlled and pain-free.

- **Sling:** none; full movement expected.

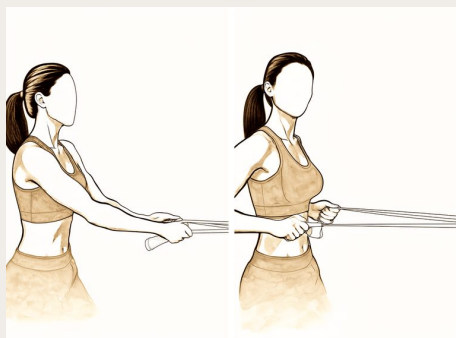
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- **Exercises:** sidelying outward rotation (progressing to a light weight); sidelying inward rotation with a light weight; external rotation with a light band, elbow at the side; internal rotation with a stick; sleeper stretch for the back of the shoulder. Your physiotherapist may also add **rhythmic stabilisation** – gentle hold-steady drills where they push lightly on your arm and you resist, to retrain the shoulder’s control. This is hands-on work with no diagram.

Ready for the next phase when: you have full, pain-free movement under your own power with even shoulder-blade control; no pain or swelling after strengthening sessions; rotation strength is building steadily towards the other side; and you have no apprehension or instability with everyday loaded tasks.

Phase IV: Return to sport and work (4–6 months)

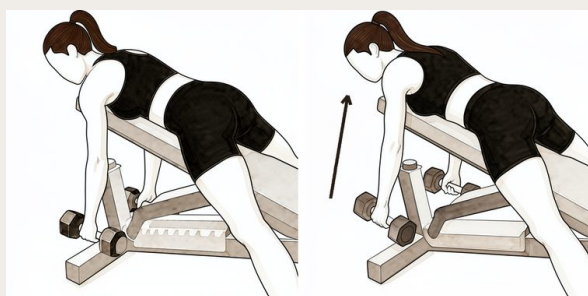


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Resistance-band row

With a band anchored in front of you, pull the handles towards you, drawing your elbows back and squeezing your shoulder blades together, then return with control. Keep your elbows close to your sides and in front of you – do not let them drift backwards behind the line of your body. Light band, high repetitions.

As guided by your physiotherapist

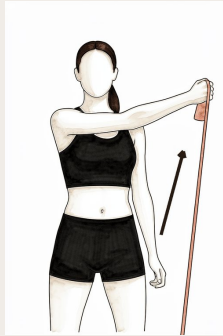


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Shoulder-blade pull with a weight

Draw your shoulder blades back and down against a light weight or band, hold briefly, then release with control. This builds the muscles that steady the shoulder blade and support the repaired shoulder.

As guided by your physiotherapist

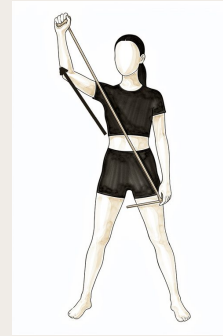


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Diagonal band pattern (reaching down and across)

From about week 12, once you have full comfortable movement. With a light band, move the arm in a smooth diagonal line — from up and out, down and across towards the opposite hip, then back. This trains the shoulder in the natural diagonal patterns used in daily tasks and sport. Keep it controlled and pain-free.

As guided by your physiotherapist



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Diagonal band pattern (reaching up and across)

From late in this phase, once outward rotation is full and comfortable. With a light band, move the arm in a smooth diagonal line — from down and across the body, up and out overhead, then back. Because this pattern takes the arm into the raised, rotated-out position, introduce it only when your physiotherapist agrees you are ready. Keep it controlled and pain-free.

As guided by your physiotherapist

This phase is the bridge from a strong, controlled shoulder back to the demands of sport and heavier work. You keep the range you have won and build the strength, power and endurance to use it confidently. Returns are staged, not sudden; for overhead and contact sport, an interval programme that builds up volume and intensity step by step is the safest route back.

- **Sling:** none.
- **Exercises:** progressive cuff and shoulder-blade strengthening (resistance-band rows, shoulder-blade pulls); diagonal band patterns that train the shoulder through natural reaching lines, with the overhead-and-rotated pattern added only when outward rotation is full and comfortable; then sport- and work-specific conditioning and controlled higher-speed drills as appropriate.

Ready to return when: your strength is at least 85% of the other side and the balance between your outward- and inward-rotation strength is good; you have full, pain-free movement with no feeling of instability under load; and you pass the task-specific tests for your sport or job. Return to contact or overhead sport is usually around 4–6 months – based on meeting these criteria and on Dr Hirpara's and your physiotherapist's clearance, not the calendar alone.

Returning to sport and work

The return to sport and work is **criteria-based** – pain-free, with full range, balanced strength, and no feeling that the shoulder might slip – and signed off by both Dr Hirpara and your physiotherapist, not decided by the calendar alone.

- **Light, sedentary work:** within a few weeks, with the arm protected.
- **Strengthening:** light resistance from about 12 weeks.
- **Throwing and overhead sport:** not before **4 months**, and only after a graded build-up.
- **Contact and collision sport:** usually **4–6 months**, criteria-based.

A soft-tissue Bankart repair heals more slowly than the bony Latarjet operation, so the return is typically a little later – patience here protects the repair and lowers the chance of the shoulder coming out again.

After your protocol

This protocol works alongside the practice's general recovery advice – see [managing post-operative pain](#) and [wound care](#).