ARTHROSCOPIC BANKART REPAIR

A Hockey-Specific Return to Ice and Contact Progression

Evidence-Based Rehabilitation Timeline (Weeks 0-26+)

Prepared for clinical use

This document is intended for physicians, physical therapists, athletic trainers, strength and conditioning coaches, performance staff, players, parents, coaches, and rehabilitation professionals involved in return-to-hockey decision-making following uncomplicated arthroscopic Bankart repair.

Important note

Every shoulder stabilization is unique. This timeline provides a framework for progression following uncomplicated arthroscopic Bankart repair for traumatic anterior shoulder instability. Progression should be based on tissue healing, symptoms, range of motion, strength, apprehension, functional testing, hockey exposure tolerance, and surgeon/rehabilitation team recommendations. Do not progress solely based on time.

1. Clinical Purpose and Guiding Decision Rule

Time is a reference point - not clearance

Clinical purpose. Provide a structured, hockey-specific rehabilitation framework after arthroscopic Bankart repair, progressing from early protection through return to skating, shooting, contact preparation, full practice, and unrestricted competition.

Primary decision rule. Progress the athlete when tissue response, clinical examination, ROM, strength capacity, neuromuscular control, apprehension, hockey-specific exposure, and objective performance testing support advancement. Time-based milestones are reference points, not automatic clearance criteria.

2. What the Research Tells Us

Criteria-based testing + graded exposure

Recent literature has shifted post-Bankart rehabilitation away from time alone and toward criteria based testing, psychological readiness, controlled early motion, and deliberate management of apprehension. These themes are especially important for hockey because the athlete returns to skating, falls, stick contact, board play, checking, and collision exposure.

Key Finding	Clinical Meaning	Implication for Hockey Rehabilitation
Criteria-based RTS reduces recurrence	Athletes tested before clearance had lower recurrence than time-based clearance alone in Drummond et al. (5% vs. 22%).	Do not clear full contact because the calendar says 6 months. Use strength, function, exposure, and readiness criteria.
Hockey is a contact and collision sport	Contact athletes have higher recurrent instability rates than noncontact athletes after arthroscopic Bankart repair.	Build a longer contact preparation phase and require full practice tolerance before games.
Early motion must be controlled	Consensus supports early shoulder movement during immobilization, but in safe planes and within surgeon restrictions.	Allow protected ROM early while avoiding combined abduction and external rotation, extension, traction, and falls.
Apprehension is a treatment target	REGUIDE emphasizes graded exposure to apprehension-provoking positions and psychosocial education.	Train board-contact, checking, falling, and ABER position tolerance progressively rather than avoiding them until the last week.

3. Quick Reference Timeline

Progress one stage at a time

Phase	Weeks	Primary Focus	Hockey Exposure	Primary Advancement Theme
1	0-2	Protection and pain control	No skating or fall risk activity	Repair protection
2	2-6	Protected motion and sling weaning	Lower-body training only	Safe ROM and scapular control
3	6-10	Early strengthening	Stationary stick skills if cleared	Cuff and scapular activation
4	10-14	Strength capacity and closed-chain control	Off-ice hockey posture and stick work	Load tolerance
5	14-18	Return to skating and shooting progression	Skating, passing, wrist/snap shots	Controlled skill exposure
6	18-22	Team drill integration	Noncontact practice and controlled shooting	Repeatability and confidence
7	22-24	Contact preparation and testing	Board contact, checking prep, full practice build	Collision readiness
8	24-26+	Return to competition	Games only after criteria are met	Objective RTP clearance

Clinical decision-making should be individualized to surgical procedure, athlete response, and medical team clearance.

4. Phase-by-Phase Rehabilitation Progression

Protection before exposure

PHASE 1 | WEEKS 0-2 | PROTECTION AND EARLY RECOVERY

Clinical Intent	- Protect the anterior capsulolabral repair, control pain and inflammation, maintain safe distal mobility, and begin safe scapular control.
Primary Goals	- Protect the repair - Maintain sling compliance as prescribed - Control pain and swelling - Maintain elbow, wrist, hand, and cervical mobility
Immobilization	- Sling use per surgeon preference - Sleep positioning with shoulder supported - Avoid unexpected traction through the arm
Range of Motion	- Pendulum or table supported motion only if cleared - No aggressive stretching - Respect surgeon specific ER and elevation limits
Conditioning	- Bike or lower-body training if fall risk is controlled - No running, skating, or team practice exposure

Avoid / Defer

- ABER stress
- Shoulder extension behind the body
- Falls or contact risk
- Pushing up from a chair with the surgical arm

Criteria to Progress

- Pain controlled at rest
- Incisions healing normally
- Sling and precautions understanding
- No instability episodes or apprehension spikes

PHASE 2 | WEEKS 2-6 | PROTECTED MOTION AND SLING WEANING

Clinical Intent	- Restore protected ROM without stressing the repair, begin scapular control, and gradually transition out of immobilization as cleared.
ROM Progression	- Elevation generally limited to protected ranges early - Movement anterior to the scapular plane is preferred - External rotation remains neutral to surgeon-limited range - Avoid combined abduction and external rotation
Strength	- Submaximal isometrics in safe positions - Scapular retraction/depression control - Grip, elbow, and wrist strengthening
Hockey Preparation	- Team meetings and video review allowed - Lower-body strength and conditioning without fall risk - No stick battles, shooting, or on-ice exposure

Avoid / Defer

- End range ER
- Horizontal abduction stress
- Loaded pushing or pulling
- Skating or any fall risk activity

Criteria to Progress

- Pain less than 2/10 with protected ROM
- No reactive soreness lasting >24 hours
- Clean sling wean if cleared
- Protected elevation tolerated without apprehension

4. Phase-by-Phase Rehabilitation Progression

Strength capacity before contact

PHASE 3 | WEEKS 6-10 | EARLY STRENGTH AND SCAPULAR CONTROL

Clinical Intent	- Restore comfortable active motion, establish rotator cuff activation, improve scapular mechanics, and build a base for later closed chain loading.
Goals	- Progress toward full non-provocative ROM - Improve cuff and scapular endurance - Restore basic reaching mechanics - Maintain aerobic conditioning
Strength	- Band ER and IR at side - Sidelying external rotation - Serratus punches and wall slides - Prone row and prone extension within safe range
Hockey Preparation	- Stickhandling in a controlled, noncontact environment if cleared - No shooting volume yet - No skating unless surgeon and rehab team specifically clear low fall risk exposure

Avoid / Defer	Criteria to Progress
- ABER testing positions under load - Plyometric upper-body work - Body contact or board play - Painful end range stretching	- Active elevation without compensation - ER and IR isometrics pain free - Good scapular control with wall-based drills - No apprehension during daily activities

PHASE 4 | WEEKS 10-14 | STRENGTH CAPACITY AND CLOSED CHAIN CONTROL

Clinical Intent	- Build rotator cuff strength, scapular endurance, and trunk-to-shoulder force transfer while gradually introducing closed chain loading.
Strength	- Progressive ER and IR loading - Rows, pulldowns, landmine press variations if tolerated - Prone horizontal abduction and lower-trap work - Rhythmic stabilization in safe ranges
Closed Chain	- Wall shoulder taps - Incline plank holds - Quadruped weight shifts - Bear-position holds if tolerated
Hockey Preparation	- Off-ice hockey posture with stick - Passing mechanics without contact - Controlled puck handling - No slap shots or contact drills

Avoid / Defer	Criteria to Progress
- Heavy bench press or dips - Uncontrolled overhead loading - Collision or body contact exposure - Fatigue-based loss of scapular position	- Near-full pain-free ROM - No apprehension with controlled strengthening - Closed chain drills tolerated without symptoms - Strength progression without next-day flare

4. Phase-by-Phase Rehabilitation Progression

Skating does not equal game readiness

PHASE 5 | WEEKS 14-18 | RETURN TO SKATING AND CONTROLLED STICK SKILLS

Clinical Intent	- Reintroduce skating and hockey skill exposure while controlling fall risk, shot volume, fatigue, and apprehension.
Week 14-15 On-Ice	- Easy laps and straight-line skating - Forward stride and controlled stopping - No contact, no battles, no higher risk edge chaos - Session duration 20-40 minutes
Week 16-18 Skills	- Passing and receiving - Wrist shots and snap shots at low volume - Controlled puck handling - Noncontact individual skill work

Avoid / Defer

- Slap shots
- One-timers
- Body contact or board battles
- Crowded ice or uncontrolled drills

Criteria to Progress

- No pain or instability with skating
- No apprehension carrying stick and puck
- Low volume shooting tolerated
- No symptom increase the next day

PHASE 6 | WEEKS 18-22 | NON-CONTACT PRACTICE INTEGRATION

Clinical Intent	- Progress from isolated skating and skills into repeatable hockey patterns, controlled shooting volume, and noncontact team drill exposure.
On-Ice Progression	- Acceleration/deceleration - Transitions and backward skating - Edge work and tight turns - Small-area movement without contact
Shooting Progression	- Increase wrist and snap shot volume - Introduce controlled slap shot mechanics if strength and symptoms allow - Monitor response to high-velocity follow-through positions
Team Integration	- Noncontact practice - Predictable passing routes - No checking, body contact, or board battles - Avoid crowded net-front drills early
Apprehension Exposure	- Gradual exposure to safe ABER positions - Controlled stick-on-stick perturbations - Education and confidence building around shoulder positions

Avoid / Defer

- Full practice without restrictions
- Live checking
- Unpredictable board contact
- Fatigue-driven compensations

Criteria to Progress

- Noncontact practice tolerated
- Shooting progression tolerated
- No apprehension in planned hockey positions
- ROM and strength progressing toward symmetry

Clinical checkpoint

If the athlete still demonstrates apprehension with abduction and external rotation, protective movement behavior near boards, or fear with stick contact, do not advance to contact. Treat apprehension directly with graded exposure, education, and successful repetitions.

4. Phase-by-Phase Rehabilitation Progression

Repeated contact tolerance matters

PHASE 7 | WEEKS 22-24 | CONTACT PREPARATION AND CRITERIA BASED TESTING

Clinical Intent	- Prepare the athlete for collision demands through controlled contact exposure, testing, and repeated practice tolerance.
Contact Progression	- Board-contact positioning - Absorb low-level contact with predictable direction - Controlled stick battles - Progressive checking mechanics
Practice Progression	- Full noncontact practice - Limited contact drills - Controlled full practice if criteria are met - Monitor 24 hour symptom response
Testing Focus	- ROM and strength symmetry - Closed chain upper-quarter control - Medicine ball power - Hockey-specific shooting and contact tolerance - Psychological readiness

Avoid / Defer

- Games before full contact practice tolerance
- Uncontrolled open-ice hits
- High-volume contact with fatigue
- Clearing based only on time

Criteria to Progress

- Complete RTP testing battery
- Full practice progression tolerated
- No instability events
- Athlete confident with boards, falls, and contact

PHASE 8 | WEEKS 24-26+ | RETURN TO COMPETITION

Clinical Intent	- Return to games only when the shoulder tolerates practice demands, contact exposure, objective testing, and psychological readiness.
Requirements	- Surgeon clearance - Rehabilitation clearance - Full contact practice tolerance - No reactive pain, swelling, instability, or apprehension after practice
Recommended Benchmarks	- Pain-free full functional ROM - ER and IR strength at least 90% of uninvolved side - Closed chain testing at least 90% symmetry or within team norms - Medicine ball power at least 90% symmetry - Psychological readiness acceptable to athlete and team
Return to Games	- Typical target: 24-26+ weeks - Use modified minutes or role restrictions when needed - Progress contact volume before competition volume - Continue strength and apprehension exposure in-season

Avoid / Defer

- Back-to-back games immediately after clearance
- Ignoring post practice symptoms
- Returning before full contact practice tolerance
- Assuming skating equals game readiness

Criteria to Progress

- Multiple full practices tolerated
- No apprehension in contact positions
- Testing battery passed
- Shared decision-making completed

5. Criteria Based Return-to-Hockey Testing Battery

Objective data plus repeated tolerance

Criteria-based testing should occur before unrestricted full contact clearance. The goal is not one perfect test; it is convergence across clinical exam, strength, function, psychological readiness, and hockey-specific exposures.

Domain	Recommended Criteria Before Full Contact
Clinical exam	Pain-free functional ROM; no instability episodes; negative or controlled apprehension; no protective guarding during hockey-specific positions.
ROM	Near-symmetric elevation and rotation required for position demands; ER at 90 degrees assessed gradually and only when clinically appropriate.
Strength	ER and IR strength at least 90% limb symmetry using handheld dynamometry or isokinetic testing when available; scapular endurance and posterior cuff capacity appropriate for role.
Closed chain control	Closed Kinetic Chain Upper Extremity Stability Test, shoulder taps, plank variations, or upper-quarter balance tasks at least 90% symmetry or within team norms.
Power	Medicine ball chest pass, side toss, shot-put throw, or resisted shooting mechanics at least 90% symmetry and pain free.
Hockey skill	Stickhandling, passing, receiving, wrist and snap shots, controlled slap shots, and reaction drills tolerated without symptoms or apprehension.
Contact exposure	Controlled board contact, stick battles, checking mechanics, and fall-recovery simulations completed before games.
Psychological readiness	Athlete reports confidence with shoulder positions, contact, and falling. Consider SIRSI, TSK, or team specific readiness scales when available.

Pass/fail principle

A single failed domain should delay full contact competition. The athlete can often continue skating, skill work, strength training, and controlled practice while the limiting domain is targeted.

6. Hockey-Specific Exposure Ladder

Separate skating readiness from hockey readiness

Use the ladder below to separate skating readiness from hockey readiness. A player may look excellent skating in open ice while still being unprepared for shooting, contact, board play, or unexpected falls.

Level	Exposure	Advance When
1	Off-ice stickhandling and passing mechanics	No pain, no apprehension, good scapular position.
2	Easy skating and controlled puck handling	No symptoms during or the day after skating.
3	Wrist and snap shot progression	Shot volume tolerated without anterior shoulder symptoms.
4	Controlled slap shot and team skill drills	No apprehension with follow-through or high-velocity shooting.
5	Noncontact practice and small-area movement	Repeatability across sessions without symptom response.
6	Board-contact positioning and controlled stick battles	Confidence with shoulder near vulnerable positions.
7	Limited contact and full practice progression	No instability, apprehension, or protective behavior.
8	Competition	Testing passed, medical clearance complete, full practice tolerated.

7. Hockey-Specific Clinical Pearls

Practical rules for return to hockey

1. Clinical Purpose and Guiding Decision Rule	2. What the Research Tells Us
3. Quick Reference Timeline	4. Detailed Phase-by-Phase Clinical Guideline
5. Criteria Based Return-to-Hockey Testing Battery	1. Skating is not playing hockey. Open skating may be introduced before contact readiness, but it does not prove the shoulder is ready for falls, shooting, stick battles, or checking.
2. Respect the vulnerable position. ABER position, especially with contact or a fall, should be exposed gradually rather than ignored until clearance week.	3. Apprehension is data. Fear, guarding, or altered mechanics are clinical findings. Treat them with graded exposure and successful repetitions.
4. Contact athletes need a longer runway. Hockey players should usually complete a dedicated contact preparation block before games because recurrent instability risk is higher in contact athletes.	5. Use shared decision-making. Clearance should include surgeon, rehab team, athlete, family when appropriate, performance staff, and team context.

8. Key References

Primary literature and clinical guidance

#	Reference
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Use note

This guideline is intended to support clinical reasoning, not replace surgical precautions or individualized medical decision-making. Modify progression for bone loss, remplissage, capsular laxity, revision surgery, concomitant procedures, recurrent instability, or position specific risk.