

Postoperative Rehab Protocol

Latarjet Procedure

PHASE I (weeks 1-3) – Immediate post-op phase

Goals:

- Minimize/control shoulder inflammation and pain
- Protection of surgical repair
- Gradual restoration of shoulder PROM
- Adequate scapular mobility and function

Patient education/precautions:

- NO AROM of the operative shoulder
- No excessive shoulder external rotation ROM/stretching
 - STOP at first felt end feel
- WEAR SLING AT ALL TIMES
 - Remove only for showering with arm at side
- No lifting objects with operative shoulder/arm
 - Limit use of operative upper extremity
- Sleep with sling supporting operative shoulder
- Education regarding posture, joint protection, positioning, etc

Activity

- PROM/AAROM/AROM of elbow, wrist, and hand
- Begin shoulder PROM (PT directed/administered)
 - Forward flexion/elevation to tolerance
 - Abduction in scapular plane to tolerance
 - IR to 45° at 30° abduction
 - ER in scapular plane from 0-30°
 - Begin at 30-45° abduction
 - **DO NOTE FORCE ANY PAINFUL MOTION. RESPECT ANTERIOR CAPSULE INTEGRITY WITH ER**
- Scapular clock and isometric exercises
- Ball squeezes
- Frequent ice/cryotherapy for pain/inflammation

Criteria for progress to Phase II

- Patient adherence to precautions and immobilization guidelines
- 100° of passive forward elevation and 30° of passive ER at 20° abduction
- Completion of Phase I activities with minimal to no pain or difficulty

PHASE II (weeks 4-9) – Intermediate Phase

Goals:

- Minimize/control pain and inflammatory response
- Protection of surgical repair/integrity
- Achieve restoration of AROM gradually
- Wean from sling weeks 6-7
- Initiate LIGHT waist level activities

Patient education/Precautions:

- No active shoulder movement until adequate PROM with good mechanics
- No lifting with operative shoulder/upper extremity
- No excessive ER ROM/stretching. Respect anterior capsule integrity
- No activities/exercises that place excessive load on anterior shoulder (push-up, pec flies, etc)
- Avoid exercises that involve “empty can” /ER position in scaption due to risk of impingement

Activity:

Early Phase II (approximately week 4)

- Progress shoulder PROM (do no force any painful motion)
- Forward flexion/elevation to tolerance
- Abduction in scapular plane to tolerance
- IR to 45° at 30° of abduction
- ER to 0-45° at 30-40° abduction
- Glenohumeral joint mobilizations as indicated when ROM significant less than expected
 - Mobilization done in direction of limitation and discontinue once adequate ROM achieved
- Address scapulothoracic and trunk mobility limitations
 - Mobilization done in direction of limitation and discontinued when ROM achieved
- Introduce posterior capsule stretching as indicated

Late Phase II (approximately 6 weeks):

- Progress shoulder PROM (do not force any painful motion)
- Forward flexion/elevation/abduction in scapular plane to tolerance
- IR as tolerated at multiple angle of abduction
- ER to tolerance at multiple angles of abduction
- Glenohumeral and scapulothoracic joint mobilizations as indicated
- Progress to AAROM/AROM activities of shoulder as tolerated with good mechanics (minimal to no scapulothoracic substitution with up to 90-120° degrees of elevation)
- Begin rhythmic stabilization drills (IR/ER in scapular plane, flexion/extension and abduction/adduction at varying angle of shoulder elevation)
- Continue AROM elbow, wrist, hand
- Strengthen scapular retractors and upward rotators
- Initiate balanced AROM/strengthening program
- Low dynamic positions initially
- Muscular endurance with high repetition (30-50), low resistance (1-3lbs)
- Exercises should be progressive in terms of muscle demand/intensity, shoulder elevation, and stress on anterior joint capsule
- Achieve full elevation in scapular plane before beginning elevation in other planes
- All activities should be pain free and without substitution patterns
- Exercises both open and closed chain
- No heavy lifting or plyometrics at this time
- Initiate “full can” scapular plane to 90° elevation with good mechanics
- Initiate IR/ER strengthening with tubing at 0° of abduction
- Sidelying ER with towel roll
- Manual resistance ER in scapular plane in supine position
- Prone scapular exercise (30/45/90° abduction) in neutral arm position

Criteria to progress to Phase III

- Forward elevation PROM at least 155° and AROM 145° with good mechanics
- ER PROM within 8-10° of contralateral side at 20° abduction
- ER PROM at least 75° at 90° abduction
- Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities
- Completion of Phase II activities with minimal to no pain or difficulty

PHASE III (approximately 10-15 weeks)

Goals:

- Normalize strength, endurance and neuromuscular control
- Return to chest level functional activities
- Gradual and planned progression of anterior joint capsule stress

Precautions:

- No aggressive overhead activities/strengthening that overstresses anterior joint capsule
- Avoid contact sports/activities
- No strengthening or functional activities in any plane until near full ROM and strength in that plane of motion
- Patient education regarding gradual increase of shoulder activities

Activities:

- Continue AROM and PROM as need/indicated
- Initiate biceps strengthening with light resistance, progress as tolerated
- Gradual progression of pectoralis major/minor (avoid positions of excessive stress to anterior joint capsule)
- Subscapularis strength progression (push-up plus, cross body diagonals, forward punch, IR resistance band at 0/45/90° degrees of abduction, etc)

Criteria to progress to Phase IV:

- PROM forward elevation within normal limits
- PROM ER at all angles of shoulder abduction within normal limits
- AROM forward elevation within normal limits with good mechanics
- Good rotator cuff and scapular performance for chest level activities
- Completion of Phase III activities with minimal to no pain or difficulty

PHASE IV (approximately 16-20 weeks) – Overhead activities/return to sport

Goals:

- Stretching and PROM as need/indicated
- Maintain full non-painful AROM
- Return to full work activities
- Return to full recreational activities

Precautions:

- Excessive anterior joint capsule stretch
- Avoidance of tricep dips, wide grip bench press, military press, or lat pulls behind head
 - Always “see your elbows” when weight lifting
- No throwing overhead until 4 months post-op or cleared by MD

Activity:

- Continue all exercises from Phase III
- Overhead strengthening if ROM and strength below 90° elevation is good
- Shoulder stretching/strengthening at least 4x/week
- Return to upper extremity weight lifting program with emphasis on larger, primary upper extremity muscles (deltoids, latissimus dorsi, pectoralis major)
- Push-ups with elbows not flexing past 90°
- Plyometrics/interval sports program if appropriate/cleared by PT and MD
- May initiate pre-injury level activities/vigorous sports when cleared by MD