

Post-operative Rehab Protocol Latarjet Procedures

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 of objects with operative shoulder/arm. Limit use of operative upper extremity.
 - Sleep with sling supporting operative shoulder (towel placed under elbow to prevent shoulder extension)
 - 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 degrees at 30 degrees abduction
 - ER in scapular plane from 0-25 degrees; begin at 30-45 degrees abduction.
 - **DO NOT FORCE ANY PAINFUL MOTION. RESPECT ANTERIOR CAPSULE INTEGRITY WITH ER.**
 - Scapular clock and isometric exercises.
 - Ball squeezes
 - Frequent ice/cryotherapy for pain and inflammation

Criteria to progress to Phase II:

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

PHASE II (approximately 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 in 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-ups, pectoralis flys, etc.)
 - Avoid exercises that involve “empty can” /IR position in scaption due to risk of impingement.
- Activity Early Phase II (approx. week 4)
 - Progress shoulder PROM (do not force any painful motion)
 - Forward flexion/elevation to tolerance
 - Abduction in scapular plane to tolerance
 - IR to 45 degrees at 30 degrees of abduction
 - ER to 0-45 degrees at 30-40 degrees abduction
 - Glenohumeral joint mobilizations as indicated when ROM significantly less than expected.
 - Mobilization done in direction of limitation and discontinue once adequate ROM achieved
 - Address scapulothoracic and trunk mobility limitations. Mobilizations done in direction of limitation and discontinued when ROM achieved
 - Introduce posterior capsule stretching as indicated
 - Continue ice/cyotherapy for pain and inflammation
- Activity Late Phase II (approx. week 6)
 - Progress shoulder PROM (do not force any painful motion)
 - Forward flexion/elevation/abduction in scapular plane to tolerance
 - IR as tolerated at multiple angles of abduction
 - ER to tolerance at multiple angles of abduction ONCE ACHIEVE 35 DEGREES ER AT 0-40 DEGREES 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 90-110 degrees of elevation)

- Begin rhythmic stabilization drills (IR/ER in scapular plane, flexion/extension and abduction/adduction at varying angles of shoulder elevation)
- Continue AROM elbow, wrist, and 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 (1-3 lbs)
- 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 degrees elevation with good mechanics
- Initiate IR/ER strengthening with tubing at 0 degrees of abduction
- Sidelying ER with towel roll
- Manual resistance ER in scapular plane in supine position
- Prone scapular exercise (30/45/90 degrees abduction) in neutral arm position

Criteria to progress to Phase III:

- *Forward elevation PROM at least 155 degrees and AROM 145 degrees with good mechanics*
- *ER PROM within 8-10 degrees of contralateral side at 20 degrees abduction*
- *ER PROM at least 75 degrees at 90 degrees 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 weeks 10-15)

- **Goals:**
 - Normalize strength, endurance, and neuromuscular control
 - Return to chest level functional activities
 - Gradual and planned progression of anterior joint capsule stress
- **Patient education/precautions**
 - No aggressive overhead activities/strengthening that overstress 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 movement
 - Patient education regarding gradual increase of shoulder activities
- **Activities**

- Continue AROM and PROM as needed/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 abduction, etc)

Criteria to progress to Phase IV:

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

PHASE IV (approx. weeks 16-20): Overhead activities/return to activities phase

- Goals
 - Stretching and PROM as needed/indicated
 - Maintain full non-painful AROM
 - Return to full work activities
 - Return to full recreational activities
- Patient education/precautions
 - Excessive anterior joint capsule stress
 - Avoidance of “triceps dips, wide grip bench press, military press, or lat pulls behind head. Always “see your elbows” when weight lifting.
 - No throwing or overhead athletic moves until 4 months post-op or cleared by MD.
- Activity
 - Continue all exercises from phase III
 - Overhead strengthening if ROM and strength below 90 degrees elevation is good
 - Shoulder stretching/strengthening at least 4 x a 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 degrees
 - Plyometrics/interval sports program if appropriate/cleared by PT and MD
 - May initiate pre injury level activities/vigorous sports if appropriate/cleared by MD