

Latarjet Procedure REHABILITATION PROTOCOL

Phase I: Protection Phase/Immediate Motion (0 – 6 Weeks post-op)

0-3 Weeks post-op:

- ❑ Sling for comfort for 3 weeks (or otherwise specified per MD order)
- ❑ AROM: Elbow, wrist, hand, and scapulothoracic
- ❑ Home program review/posture education
- ❑ Pain control modalities (ice, e-stim)
- ❑ Codman's pendulums day 1 post-op.
- ❑ Therapist manual PROM: ER to end-feel in modified neutral. Progress to 45° ER in modified neutral by week 1 post-op. 60° ER in modified neutral by week 2 post-op. 80° ER in modified neutral by week 3 post-op. Elevation to 90° week 1 and progress to 135° by week 3 as tolerated.

3-4 Weeks post-op:

- ❑ PROM/AAROM: PT manual PROM. Wand exercises initiated at 3 weeks post-op
 - Flexion to 135°-155°, ER at modified neutral to tolerance to achieve 90°. Week 4, initiate ER to 55° at 90° Abd.
- ❑ AROM: Elbow, wrist, hand
- ❑ Strengthening: Shoulder Isometrics (submaximal, pain free). Shoulder Flx, Ext, IR, ER, Abd. Scapulothoracic PREs (rhomboids, middle/lower traps, serratus anterior)
- ❑ Joint Mobilization (I, II) to GH, ST, AC, SC as needed
- ❑ Pain control modalities (ice, e-stim) as needed

5-6 Weeks post-op:

- ❑ PROM/AAROM: PT manual PROM, Wand and Pulley exercises
 - Flexion to 160°, ER modified neutral to tolerance to 90°, ER to 75° at 90° Abd

Phase II: Intermediate Repair Phase (6 -12 Weeks post-op)

6-8 Weeks post-op:

- ❑ PROM/AAROM/AROM: Wand and Pulley, progress to full ROM by 8 weeks post-op. If patient not progressing with ROM by week 8, notify physician.
 - Flexion to 180°
 - ER to 90° @ 90° abduction (Do not push motion beyond 90° of ER @ 90° Abd.)
 - IR to 70° @ 90° abduction
 - AROM: Initiate scaption below 90° limb weight with good scapulohumeral control
 - Initiate UBE or Ergometer Rower 6 weeks



Home to the Texas Rangers

- Initiate pec stretch at 90° and 115° of shoulder abduction, posterior shoulder cross body stretch, inferior capsule/teres major/latissimus stretch, and sleeper stretch
- Strengthening: avoid scapular hiking/winging, stay below horizontal plane
 - IR/ER @ modified neutral with tubing
 - Initiate Isotonic dumbbell exercises: *patient must be able to elevate arm without scapular hiking before initiating isotonic: if unable then continue with humeral head stabilizing exercises.* Progress 1 pound/wk with max of 3-5 pounds based on progress and size of athlete.
 - flexion to 90°
 - scaption to 90°
 - elbow flexion/extension
 - scapulothoracic muscles
- Joint Mobilization as needed

9-12 Weeks post-op:

- Continue with all activities, Initiate closed chain strengthening (serratus CKC plus progression)
- Add sidelying ER, prone scapular retractions with shoulder extension, and prone horizontal abduction, Y,T,W,L's, rows
- Progress with therapist directed manual rhythmic stabilization patterns

Phase III: Advanced Strengthening Phase (12 - 16 Weeks post-op)

12-15 Weeks post-op:

- Continue with all ROM, flexibility, stretching activities
- Strengthening: continue isotonic and progress to isokinetics (if available) strengthening program (progress to 90/90 strengthening for throwers)
- Initiate plyometrics (2 handed chest pass -> 2 handed chops-> 2 handed overhead-> to 1 handed 90/90)
- Progress to BodyBlade rhythmic stabilization patterns

16 Weeks post-op:

- Continue with all ROM, flexibility, stretching, strengthening and plyometric exercises
- Initiate interval sport program if applicable after consultation with physician

Phase IV: Return to Activity Phase (16 – 24 weeks post-op)

- Continue with established strength and flexibility programs
- Continue to comply to interval sport program with gradual return to recreation/sport
- Criteria for return to play:
 - Satisfactory ROM, Strength, and Clinical Exam
 - Satisfactory completion of interval sport program
 - Physician approval