



# The Orthopaedic & Fracture Clinic

## Latarjet Procedure Protocol

### PHASE 1: Immediate Post Surgical Phase Weeks 1-3

#### Goals:

1. Minimize shoulder pain and inflammation.
2. Protect the integrity of the surgical repair.
3. Gradually restore PROM.
4. Maintain adequate scapular function.

#### Precautions: Patient Education

1. No AROM of the operative shoulder.
2. No excessive ER ROM/stretching. Stop at first end feel point.
3. Remain in the sling; remove only for showering and home exercises.

#### Exercises:

- PROM: flexion and elevation to tolerance.
- Abduction in the scapular plane to tolerance.
- IR to 45 at 30 degrees of abduction.
- ER in the plane of the scapula 0 to 25 degrees. Begin at 30-40 degrees of abduction; respect anterior capsular tissue integrity with ER ROM.
- Scapular 4 square exercises in side-lying.
- Sleep with sling supporting the operative shoulder with towel under the elbow to prevent hyperextension.

#### Modalities:

- Ice 15-20 minutes.
- E-stim for pain control.

#### Progression criteria:

1. Achieve at least 100 degrees of passive shoulder elevation and 30 degrees of passive external rotation at 20 degrees of abduction.
2. Adherence to the precautions and immobilization guidelines.

## PHASE II: 4-8 Weeks

### Goals:

1. Minimize shoulder pain and inflammation.
2. Gradually restore AROM.
3. Discontinue sling week 4 to 5.
4. Begin light countertop level activities.

### Precautions:

1. No lifting with affected arm.
2. No excessive external rotation ROM/stretching.
3. No strengthening or activities that place excessive load on the anterior soft tissue of the shoulder.

### Exercises:

- Progress shoulder PROM.
- Flexion and elevation to tolerance.
- Abduction plane of the scapula to tolerance.
- IR to 45 degrees in 30 of abduction.
- ER to 45 degrees at 30-40 of abduction.
- Grade I/II joint mobs if motion is limited.
- Scapular exercises in side-lying. Thoracic spine mobs and scapular mobs if indicated by clinic findings and limitations of prescribed ROM goals.
- Sleeper stretch/gentle posterior capsular stretching.

### Modalities:

- Ice.

### Week 6-8 exercises:

- Progress shoulder flexion, abduction and elevation to full as tolerated.
- IR as tolerated at multiple abduction angles.
- ER to tolerance and initiate multiple abduction angles to ER ROM.
- Begin AA/AROM exercises as PROM reached full.
- Rhythmic stabilization ER/IR in scapular plane. Flexion/extension at 90 degrees.
- Light weight isotonic strength weight of the extremity initially and progressing gradually as pain free function allows. Supine flexion, SLER, bent/prone row to neutral, full can flexion and abduction. ER/IR strengthening in modified neutral with Theraband.
- Scapular strengthening exercises lower trap, middle trap/rhomboid.
- Core strengthening activities.

### Progression criteria:

1. Passive flexion to at least 155 degrees. Active elevation to at least 145 degrees.

2. Passive ER equal to contra-lateral side.
3. Good scapular dynamic control with AROM and functional activities.

#### PHASE III: 9-16 Weeks

##### Goals:

1. Improve strength, endurance and neuromuscular control.
2. Return of functional activities.
3. Gradual increase in anterior shoulder soft tissue stress.

##### Precautions:

1. Do not over stress the anterior capsule with aggressive overhead activities.
2. No contact sports/activities.

##### Exercises:

- Continue P/AA/AROM exercises as needed.
- Biceps curls with light resistance.
- Pectoralis major and minor strengthening exercises gradual progression program.
- Subscapularis strengthening (push up plus, IR resistive band in multiple abduction angles, forward punch).

##### Progression Milestones:

1. Elevation, ER, IR, ROM, WNL.
2. Good rotator cuff and scapular muscle strength and neuro-dynamic control for functional activities.

#### PHASE IV: 16 – 20 Weeks

##### Goals:

1. Maintain pain-free full AROM.
2. Return to full participation in work and sports activities.

##### Precautions:

1. Do not begin throwing or overhead activities until 4 months post op and physician clearance.
2. Avoid excessive anterior shoulder stress activities.
3. Weight lifting shoulder avoid wide grip bench press, dips, military press or lat pull downs behind the head.

##### Exercises:

- Continue with strengthening and flexibility exercises as before.
- May begin push up as long as elbow angle does not exceed 90 degrees flexion.

- Progressive return to upper extremity weight lifting emphasizing larger primary upper extremity muscles. Low weight, good form higher rep activities initially. (15-25 reps)
- Return to sports participation once cleared by medical personnel.