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Latarjet Reconstruction Protocol

Name _____ **Date** _____

Procedure _____

Circle One: Latarjet w/ subscapularis split Latarjet w/ subscapularis take-down & repair

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

Weeks 0-6:

- With the Latarjet procedure, early postoperative therapy must protect the subscapularis and the developing bony union of the coracoid process. The biceps and coracobrachialis must also be protected during this time.
- Goals- minimize shoulder pain, decrease inflammation, protect repair, achieve PROM
- Precautions- sling at all times except for exercises; no AROM; no excessive ER stretching (stop at end feel); shower with arm in abducted position; no lifting, pushing, pulling
- ROM- FF to tolerance, ER to 25-30 degrees starting with 30 degrees of abduction, IR to 45 degrees with 30 degrees of abduction– all in scapular plane
  No extreme abduction/ER until graft is healed (MD will determine; usually 6-8 weeks post op)
- CODMANS
- Elbow PROM, AAROM
- Hand ROM
- Ball squeezes
- Prevent shoulder extension with pillow behind elbow
- Cryotherapy to decrease inflammation

Weeks 6-9:

- Criteria for Phase II progression: compliance with precautions and immobilization guidelines; ROM 100 degrees FF, 30 degrees ER, 20-30 degrees abduction; minimal or no pain with exercises
- Goals- protect surgical repair, obtain AROM, start light waist level activities
- Discontinue sling by week 4-5
- Precautions: must have most PROM and good mechanics, no pushing, pulling, lifting, no excessive ER or stretching, avoid activities with excessive load on anterior structures: (such as push-ups or flys)
- ROM
    - Week 6-7 FF to tolerance, ER to 45 with 30 degrees abduction, IR to 45 with 30 degrees abduction)
    - Week 8-9 continue PROM; FF, IR, abduction to tolerance; ER progression, may progress once >35 degrees ER at 0-40 abduction
- Mobilize glenohumeral joint if decreased ROM; only mobilize in directions of limited motion, address scapulothoracic and trunk mobility limitations as well
- Start post capsule stretching
- Strengthen scapular retractors and upward rotators
    - Initiate balanced AROM program
    - Low dynamic position first
    - No pulling, pushing, lifting
    - Exercises should be pain free
    - No substitution
    - Open and closed chain exercises

Weeks 10-Month 4:

- Criteria for progression to phase III: passive FF to 80% of contralateral shoulder, passive ER within 10-15 degrees of contralateral shoulder at 20 degrees abduction; passive ER of at least 75 degrees in 90 degrees abduction
- Goals- improve strength, endurance, neuromuscular control
- Precautions- avoid aggressive overhead activities/strengthening; avoid contact sports/activities; no strengthening until near full ROM
- ROM- near full ROM and pain free
- Continue AROM
- Start biceps curls with light resistance
- Start pectoralis major strengthening
- Start subscapularis strengthening
- Push-up plus (counter, wall, knees on floor)
- IR resistive band

Months 4-6:

- Goals- return to full work and recreational activities; overhead activities phase /return to activity phase
- Precautions- avoid stressing anterior capsular structures; “always see your elbows” exercises (avoid bench, dips, lat pulls behind shoulders); no throwing or overhead activities until cleared by MD

- ROM- full and pain free
- Progressive isotonic strengthening with no substitution
- Progressive lifting program (focus on pec, lat, deltoid)
- Light weight with higher reps
- Patients can usually return to sport by 5-6 months if no pain, full motion, full strength, or when cleared by MD

Comments:

Teach HEP_____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____