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**Neel P. Jain, MD**
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
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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

## FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies
  - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.

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- The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
- Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

**If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.**

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

**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
- Manual Therapy: Consider including gentle soft tissue mobilization for the shoulder girdle, focusing on upper trap and levator scapulae release to alleviate tension during the first few weeks of recovery.
- Elbow PROM, AAROM
- Hand ROM
- Ball squeezes
- Prevent shoulder extension with pillow behind elbow

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- Cryotherapy to decrease inflammation
- Discontinue sling by week 4-5

**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
- 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

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**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** _____