

REHABILITATION GUIDELINES FOR ANTERIOR STABILIZATION OF THE SHOULDER: LATARJET PROCEDURE

PHASE I (EARLY 0-4 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Suture removal 7-10 days post-op Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Wound healing Minimization of shoulder pain and inflammatory response Protection of the surgical repair Gradual restoration of passive range of motion (PROM) Enhancement of adequate scapular function
Precautions	<ul style="list-style-type: none"> Keep incision dry and clean Watch for signs of infection Remain in sling; only remove sling for showering No active range of motion (AROM) No excessive external range of motion Avoid shoulder hyperextension (use towel behind shoulder in supine position) No lifting with operative shoulder No bearing weight through operative shoulder
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> PROM per precautions ER in scapular plane 0-25 degrees IR in scapular plane to 45 degrees Scapular clocks progressed to scapular isometric exercises Ball squeezes
Cardiovascular Exercises	<ul style="list-style-type: none"> Walking, stationary recumbent lower extremity cycling
Progression Criteria	<ul style="list-style-type: none"> Appropriate healing of surgical repair PROM forward flexion to 100 degrees with good mechanics PROM ER to 30 degrees at 20 degrees of abduction

PHASE I (LATE 4-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> 4-6 week follow-up with MD Physical therapy 2 x per week
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ANTERIOR STABILIZATION OF THE SHOULDER: LATARJET PROCEDURE

Rehabilitation Goals	<ul style="list-style-type: none"> Achieve gradual restoration of active range of motion (AROM) Weaned from sling by end of week 4-5 Begin light waist level activities
Precautions	<ul style="list-style-type: none"> No lifting with operative upper extremity No excessive ER ROM/stretching No activities or strengthening activities that place excessive load on the anterior capsule of the shoulder joint (i.e. push ups, pec flys) No scaption with internal rotation (empty can)
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Progress shoulder PROM <ul style="list-style-type: none"> Forward flexion and elevation to tolerance Abduction in plane of the scapula to tolerance IR to 45 degrees at 30 degrees abduction progressed to as tolerated at multiple angles of abduction ER to 0-45 degrees at 30-40 degrees abduction progressed to as tolerated at multiple angles of abduction once at least 35 degrees at 0-40 degrees abduction Scapulothoracic and glenohumeral mobilizations Posterior capsular stretching
Cardiovascular Exercises	<ul style="list-style-type: none"> Walking, stationary recumbent lower extremity cycling

PHASE II (6-10 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities Achieve full elevation in the scapular plane Pain-free AROM without substitution patterns
Precautions	<ul style="list-style-type: none"> No heavy lifting or plyometrics
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Scapulothoracic and glenohumeral mobilizations Progress to AA/AROM activities as tolerated with good mechanics Rhythmic stabilization Scapular retractor and upward rotator strengthening Initiate balanced AROM/strengthening program <ul style="list-style-type: none"> Full can scapular plane raises to 90 degrees ER/IR exercise tubes at 0 degrees abduction Sidelying ER with abduction towel roll Prone rowing at 30/45/90 degrees abduction to neutral arm position

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Cardiovascular Exercises	<ul style="list-style-type: none"> UBE, rowing machine
Progression Criteria	<ul style="list-style-type: none"> Achieve passive forward elevation at least 155 degrees Achieve active forward elevation at least 145 degrees with good mechanics Passive ER within 8-10 degrees of contralateral side at 20 degrees abd Passive ER at least 75 degrees at 90 degrees abd

PHASE III (10-15 WEEKS /OR PROGRESSION)

DATES:

Appointments	<ul style="list-style-type: none"> MD follow-up 10-12 weeks post-op Physical therapy 102 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Normalize strength, endurance, neuromuscular control Return to chest level full functional activities Gradual and planned buildup of stress to anterior joint capsule
Precautions	<ul style="list-style-type: none"> Do not overstress the anterior capsule with aggressive or overhead activities Avoid contact sports/activities Do not do strengthening or functional activities in a given plane until patient has near full ROM and strength in that plane
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Continue P/AA/AROM as needed Biceps curls Pectoralis major and minor progressive strengthening (avoid excessive stress to anterior capsule) Subscapularis strength (upper and lower segments) <ul style="list-style-type: none"> Push up plus (wall, counter, knees to floor, floor) Cross body diagonals with resistive tubing IR resistive band (0,45,90 degrees abduction) Forward punch
Cardiovascular Exercises	<ul style="list-style-type: none"> UBE, rowing machine, cross country skiing
Progression Criteria	<ul style="list-style-type: none"> Passive forward elevation WNL Passive ER at all angles of abduction WNL Active forward elevation WNL with good mechanics Appropriate rotator cuff and scapular muscular performance for chest level activities

PHASE IV (16-20 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> PT 1 x per week; HEP strengthening at least 4 x per week
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Rehabilitation Goals	<ul style="list-style-type: none"> Continue stretching and PROM as needed/indicated Maintain full non-painful AROM Return to full strenuous work activities Return to full recreational activities
Precautions	<ul style="list-style-type: none"> Avoid excessive anterior capsule stress “Always see your elbows” – avoid triceps dips, wide grip bench press; no military press or lat pulls behind head Overhead athletic moves and throwing only after 4 months or cleared by MD
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Progress isotonic strengthening if no compensatory strategies and not painful Emphasis on larger, primary upper extremity muscles (deltoids, latissimus dorsi, pectoralis major) Push-ups without elbow flexion past 90 degrees Initiate plyometrics and pre-injury level activities if cleared by MD
Cardiovascular Exercises	<ul style="list-style-type: none"> UBE, rowing machine, cross country skiing, swimming
Progression Criteria for return to overhead work and sport activities	<ul style="list-style-type: none"> Clearance from MD No complaints of pain or instability Adequate ROM for task completion Full strength and endurance of rotator cuff and scapular musculature Regular completion of continued HEP

References: Brigham and Women’s Hospital
 PT name and date: Jennifer McMahon 2/15/2017
 MD name and date: Brian Gilmer, MD 2017

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