REHABILITATION GUIDELINES FOR ANTERIOR STABILIZATION OF THE SHOULDER: LATARJET PROCEDURE

PHASE I (*EARLY 0-4 WEEKS*) DATES:

Appointments	• Suture removal 7-10 days post-op • Physical therapy 2 x per week
Rehabilitation Goals	• 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	• Immobilization with sling. Remove sling at week 4 in safe environments • No shoulder extension, abd, IR, ER past 45 deg in neutral or 45 ER with abduction. • Flexion to 90deg (or first end feel) • No active elbow flexion for 6 weeks
Suggested Therapeutic Exercises	• PROM per precautions • ER in scapular plane 0-45 degrees • IR in scapular plane to 45 degrees • Scapular clocks progressed to scapular isometric exercises • Ball squeezes • ER isometrics with arm at side
Cardiovascular Exercises	• Walking, stationary recumbent lower extremity cycling
Progression Criteria	• Appropriate healing of surgical repair • PROM forward flexion to 90 degrees with good mechanics • PROM ER to 20 degrees in neutral

PHASE I (*LATE 4-6 WEEKS*) DATES:

Appointments	• 4-6 week follow-up with MD • Physical therapy 2 x per week
Rehabilitation Goals	• Weaned from sling by end of week 4-5 • Begin light waist level activities

	• Flexion to 135deg, IR to 50deg, ER in scapular plane and 90 deg ABD to 30 deg • Begin light WBing against wall/high table
Precautions	• No excessive stretching of ER past 45 deg or end feel if > 45 deg) • No active elbow flexion or hyperextension of the shoulder • No swimming, running or jumping
Suggested Therapeutic Exercises	• Begin submaximal shoulder isometrics; no IR • Progress shoulder PROM and begin shoulder AAROM • Theraband resisted Rows, Pull downs, ER and IR in neutral
Cardiovascular Exercises	• Walking, stationary recumbent lower extremity cycling
Progression Criteria	• Appropriate healing of surgical repair • Full Flexion and Abduction PROM • 5/5 strength of ER and IR in 0 deg of ABD

PHASE II (*6-12 WEEKS*) DATES:

Appointments	• Physical therapy 1-2 x per week
Rehabilitation Goals	• Full shoulder AROM (abduction to 45deg) • Progress ER gradually to prevent overstressing of the repair • Strengthen shoulder and scapula stabilizers • Begin proprioceptive and dynamic neuromuscular control retraining. • Begin progressive loading with goal of lifting 10# by 12 weeks • Continue to progress WBing gradually
Precautions	• Weeks 7-9: flexion to 155deg, IR in 90degABD to 60deg, ER in scapular plane to 60deg, ER in 90degABD to 75 • Weeks 10-12: full AROM • No heavy lifting or plyometrics • No planking until 10 weeks
Suggested Therapeutic Exercises	• Progress to AA/AROM activities as tolerated with good mechanics • Rhythmic stabilization • Gentle shoulder mobilizations • Rotator cuff strengthening 0-45deg abduction • Scapular strengthening • Posture exercises and core strengthening • Initiate balanced AROM/strengthening program ○ Full can scapular plane raises to 90 degrees

	○ ER/IR exercise tubes at 0-45 degrees abduction ○ Sidelying ER with abduction towel roll ○ Prone rowing at 30/45/90 degrees abduction to neutral arm position
Cardiovascular Exercises	• UBE • Walking, stationary bike (recumbent) • No Swimming
Progression Criteria	• Full AROM • Negative apprehension and impingement signs • 5/5 strength of IR and ER in 45deg of ABD

PHASE III (*12-18 WEEKS /OR PROGRESSION*) DATES:

Appointments	• MD follow-up 10-12 weeks post-op • Physical therapy 1 x per week weaning to every 2 weeks
Rehabilitation Goals	• Normalize strength, endurance, neuromuscular control • 5/5 strength of scapular mm and rotator cuff at 90deg ABD • Return to chest level full functional activities • Gradual and planned buildup of stress to anterior joint capsule • Continue with progressive WBing
Precautions	• 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 • No bench pressing until 16wks
Suggested Therapeutic Exercises	• More aggressive PROM (if needed) and posterior capsule stretching • Biceps curls • Pectoralis major and minor progressive strengthening (avoid excessive stress to anterior capsule) • Subscapularis strength (upper and lower segments) ○ Push up plus (wall, counter, knees to floor, floor) ○ IR resistive band (0,45,90 degrees abduction) ○ Forward punch • Flexion, horizontal abduction and scaption in prone (I,Y,T's) • IR and ER in 90deg ABD and rowing • Weightbearing strengthening & stabilization exercises ○ Push ups on BOSU ○ Prone Swiss ball walk-outs • PNF diagonals with theraband, cable column or weight

Cardiovascular Exercises	• UBE, rowing machine, cross country skiing
Progression Criteria	• If they have reached rehab goals for this phase • No apprehension or impingement signs

PHASE IV (*18-24 WEEKS*) DATES:

Appointments	• Once every 2-3 weeks (if needed)
Rehabilitation Goals	• Full multi-planar AROM • No apprehension or instability with higher velocity overhead movements • Progress to sport specific training • Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder • Work capacity cardiovascular endurance for specific sport/work demands
Precautions	• 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	• Dumbbell and medicine ball exercises that incorporate trunk rotation and control with of the rotator cuff strengthening at 90deg ABD. • Work towards functional exercises that emphasize core and hip strength and control with shoulder exercises • IR and ER strengthening with theraband, cable column or dumbbell in 90deg of abd • Higher velocity strengthening and control • Plyometrics starting below shoulder height and progressing to overhead • Sport specific training
Cardiovascular Exercises	• UBE, rowing machine, cross country skiing, swimming
Progression Criteria for return to overhead work and sport activities	• 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, UW Sports Medicine
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