

Latarjet: Shoulder Anterior Stabilization

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Time Frame	Treatment	Goals
Post Op 1-3 weeks	<p>Minimize pain and inflammatory response. Protect the integrity of the surgical repair. Ensure adequate scapular function. Remain in sling.</p> <p>Gradual restoration of passive ROM. Stop ER at first end feel felt. AROM elbow wrist and hand. Scapular clocks, isometrics. Cryotherapy. Towel under elbow at night to prevent shoulder hyperextension.</p> <p>Milestones to progress to Phase II 100° PROM flexion, 30° PROM ER, 20° PROM ABD Completion of Phase I without pain or difficulty</p>	<p>Flexion to tolerance Abd in POS to tolerance. IR to 45° at 30° abd ER in POS 0-25°, began at 30-40° of abduction. Respect anterior capsule</p>
Early Intermediate Phase: ROM 4-weeks	<p>Gradual restoration of AROM. Wean sling by end of week 4-5.</p> <p>Progress PROM (do not force). Posterior capsule stretching with cross body adduction stretch, sidelying IR stretch (sleeper stretch) Cryotherapy GH mobs grade I and II when ROM is significantly decreased.</p> <p>DO NOT PERFORM EMPTY CAN (scaption with IR) due to impingement</p>	<p>Abduction in the POS to tolerance Internal rotation to 45° at 30° of abduction ER to 45°, began at 30-40° of abduction, respect anterior capsule tissue integrity with ER ROM</p>
Late Phase II 6 weeks (approx)	<p>Progress Shoulder PROM (do not force any painful motion) PROM Flexion and abd in POS to tolerance. IR at multiple angles of abd. ER to tolerance. (Progress ER to multiple angles of abd once >= 35 AT 0-40° of abduction)</p> <p>GH and scapular joint mobs as indicated (Grade I-IV) AA/AROM as tolerated with good shoulder mechanics (no scapular substitution) Begin rhythmic stabilization: IR/ER in POS, OKC/CKC, IR/ER with tubing at 0° abd with towel roll, side ER with towel, prone row 30/45/90 abd to neutral arm position</p> <p>Milestones to progress to Phase III PROM flex 155, AROM flex 145 (no substitutions), PROM ER 75° at 90° ABD, PROM ER within 8-10° of contralateral side at 20° ABD Dynamic scapular control Completion of Phase II without pain or difficulty</p>	<p>Initiate balanced AROM/ strengthening Gain muscular endurance high reps 30-50, low resistance 1-3# Full can in POS to 90°</p>

<p>Phase III Strengthening 10-15 weeks</p>	<p>Do not overstress the anterior capsule with aggressive overhead activities/strengthening. Avoid contact sports/activities. Do not perform ex in a given plane until patient has near full ROM and strength in that plane of movement.</p> <p>Continue A/PROM as needed. Bicep curls with light resistance, PREs pectoralis, progress subscap strengthening. (push up plus, cross body diagonals with resistive tubing, IR resistive band (0,45,90 of abd), forward punch</p> <p>Milestones to progress to Phase IV PROM flexion WNL, PROM ER all angles of abd WNL, AROM flexion WNL good biomechanics, RC and scapular strength for chest level activities. Complete Phase III without pain</p>	<p>Normalize strength endurance and neuromuscular control. Chest level full functional activities. Gradual and planned buildup of stress to anterior joint capsule.</p>
<p>Phase IV Overhead activity Return to Activity</p>	<p>Avoid excessive anterior capsule stress. With weight lifting, avoid tricep dips, wide grip bench press, no military press, no lat pulls behind head. Be sure to “always see your elbows”. Do not begin throwing or overhead athletic moves until 4 months post op or cleared by MD.</p> <p>Progress isotonic if no compensation patterns nor pain. Strengthen overhead if ROM and strength <90° is good Continue to stretch and strengthen 4x weekly. Progressive return to UE weight lifting emphasizing larger UE muscles. Start light weight and higher reps Pushups as long as elbows do not flex past 90 If cleared by MD may initiate pre injury level activities.</p>	<p>Stretch PROM PRN Maintain full non-painful AROM Return to full strenuous work and recreational activities. No pain or instability Full strength and endurance of RC and scapular musculature Clearance from MD</p>