

## Latarjet Protocol

**Precautions:** Early post-op therapy must protect the subscapularis as well as the developing bony union of the coracoid process. Contact the referring physician to determine if a complete subscap repair was performed

**Surgical Description:** Surgical procedures for shoulder instability can be classified as soft tissue or bony procedures. In cases where bony lesions of the glenoid are present to the Latarjet procedure is highly effective. The procedure involves transferring the distal coracoid into the bony deficit. The short head of the bicep and coracobrachialis remain intact and serve as a dynamic sling further stabilizing the GH joint. The subscapularis may be split or completely taken down and then repaired.

### Phase I (1 – 5 days post-op) Post-op protection phase

- Wound care: Monitor surgical site
- Modalities: Goal of minimizing pain and inflammation
- Sling: Ultrasling with abduction pillow worn at all times. Arm kept in adducted position when showering
- ROM: AROM elbow, wrist, and hand only
  - With subscap repair, no ER during this phase

### Phase II (5 days – 4 weeks post-op) Continue post-op protection and being PROM

- Wound care: Monitor site and begin scar management techniques when incision is healed
- Modalities: Edema and pain control interventions
- Sling: Until 6 weeks post-op, Ultrasling worn with abduction pillow worn at all times. Arm kept in adduction when showering
- ROM:
  - Weeks 1-6:
    - PROM gradually progress:
      - Flexion to 90 degrees
      - ER to 25-30 degrees (at 30 degrees of abduction)
      - IR to 45 degrees (at 30 degrees of abduction)
      - No extension
    - Avoid: to protect repair of bony tissue and subscapularis avoid extension and excessive ER
    - NO AROM of the shoulder
    - AROM elbow, wrist, and hand only
  - Exercises:
    - Pendulums

### Phase III (4 weeks – 10 weeks post-op) Progressive ROM phase

- Modalities: Edema and pain control interventions
- ROM:
  - Until 6 weeks post-op, continue phase II ROM and sling instructions
  - Beginning at week 7:
    - PROM:
      - Flexion as tolerated
      - ER and IR to 45 degrees (at 30 degrees of abduction)
      - Until 9 weeks post-op, Abduction to 90 degrees only
  - Beginning at week 9:
    - PROM: gradually progress all PROM to WNL
    - AROM: Transition from AAROM to AROM program within AROM available with good mechanics and without compensatory movements
      - May initiate active extension and IR
- Strengthening:
  - May begin submax isometric strengthening, 25-50% effort, pain-free, into flexion, scaption, and ER
  - At 7 weeks:
    - Begin gradual AAROM progressed within ROM restrictions
  - At 9 weeks:
    - Begin gradual AROM program for periscapular and GH musculature in pain-free ROM only.
    - Avoid push, pull, or lifting tasks
    - Avoid resistance to the bicep, subscapularis, and pectoralis minor
- Goal:
  - By week 10:
    - PROM:
      - Flexion within 80% of uninjured
      - ER within 10-15 degrees of uninjured UE (at 30 degrees of abduction)
      - ER at least 75 degrees at 90 degrees of abduction
    - Good shoulder mechanics with AROM

### Phase IV (10-15 weeks post-op) Strengthening Phase

- Precaution: avoid aggressive overhead activities and strengthening; avoid contact sports
- ROM: Progress AROM to WNL
- Strengthening: Begin light shoulder strengthening, open and closed chain, and gradually progress within painfree activity level

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- Biceps curl with light resistance
- Pectoralis minor and subscapularis strengthening
- Wall push-ups, progressing to angle and kneeling push ups
- IR and protraction with resistance band

**Phase V (16+ weeks post-op) Overhead and return to activities phase**

- Precaution: avoid stressing the anterior capsule structures; Avoid bench press and dips; Lat pull downs must see elbows and stop before shoulder passes neutral
- No throwing or overhead activities until cleared by physician
- Strengthening: Progressive strengthening program focusing on quality of shoulder movement
- Light weight, high repetitions

Return to sport: usually 5-6 months if no pain, full ROM, and strength and/or when cleared by physician

Adapted From:

- 1) Atlanta Sports Medicine, Latarjet Protocol, 2011
- 2) Brigham and Women's Hospital, Inc. Latarjet Protocol. Department of Rehab Services, 2009.