



Latarjet Procedure

Name _____ DOS: _____

Dr. Petre _____ DX: _____

I= Do exercise for that week/month

Week

	Phase I – Maximal Protection	1	2	3	4	5	6	7	8	9	10	13	17	21	25
ROM	Passive Range of Motion (PROM)														
	DATE														
Restrictions	Scapular Retraction-Depression	•	•	•	•	•	•								
FE: 90 x 3 weeks	Cervical ROM Exercises	•	•	•	•	•	•								
ER: 30 x 3 weeks	Elbow/Hand/Wrist ROM	•	•	•	•	•	•								
IR: Full	Pendulums	•	•	•	•	•	•								
ABD: 60 x 3 weeks	Aqua Therapy for Gentle AAROM			•	•	•	•								
	Passive ROM														
Begin Full AROM: 6 weeks	External Rotation		30		•	•	•	•	•	•					
	Forward Elevation & Scaption	•	•	•	•	•	•	•	•	•					
Sling 6 weeks	Abduction	•	•	•	•	•	•	•	•	•					
	Internal Rotation to Belt Line	•	•	•	•	•	•	•	•	•					
	Internal Rotation	•	•	•	•	•	•	•	•	•					
	Phase II-Minimal Protection	1	2	3	4	5	6	7	8	9	10	13	17	21	25
	Active Range of Motion (AROM)														
	Active Assist ROM														
	Internal & External Rotation				•	•	•	•	•						
	Forward Elevation & Scaption					•	•	•	•						
	Isometrics-Light														
	Internal/External Rotation			•	•	•	•	•	•						
	Biceps**/Triceps			•	•	•	•	•	•						
	Active ROM														
	Sidelying External Rotation						•	•	•						
	Forward Elevation & Scaption (lawn chair progression)						•	•	•						
	Salutes (lawn chair progression)						•	•	•						
	Prone Horizontal Abduction w/ ER						•	•	•						
	Prone Lower Traps to 60						•	•	•						
	Prone Extensions with ER						•	•	•						
	Open Chain Proprioception					•	•	•	•						
	Low Load Prolonged Stretches														
	Door External Rotation							•	•	•					
	Towel Internal Rotation							•	•	•					
	Door Hang							•	•	•					
	Sleeper Stretch							•	•	•					
	Cross Arm Stretch							•	•	•					
	90/90 Stretch									•	•	•			
	Activities of Daily Living (ADL's)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
	Eating/Drinking (Elbow motion ok)					•									
	Dressing					•									
	Washing/Showering					Use Uninvolved Arm Only									
	Computer with supported arm	•	•	•	•	•	•	•	•						
	Driving					•	•	•	•						
	Lifting up to 5 lbs.					•	•	•	•						
	Overhead Activity									•	•				
	Lifting greater than 5 lbs.									•	•	•	•	•	•

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate. It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues.

Week

Phase III: Initial Resistance Strengthening & Proprioception	1	2	3	4	5	6	7	8	9	10	13	17	21	25
External Rotation								•	•	•	•	•	•	•
Internal Rotation								•	•	•	•	•	•	•
Punches with a Plus								•	•	•	•	•	•	•
Sport Cord Rows								•	•	•	•	•	•	•
Prone Lower Trap								•	•	•	•	•	•	•
Bicep Curls **								•	•	•	•	•	•	•
Triceps Extensions								•	•	•	•	•	•	•
Initial Push-up Plus								•	•	•	•	•	•	•
Initial Closed Chain Stability								•	•	•	•	•	•	•
Phase IV: Advanced Resistance Strengthening & Proprioception	1	2	3	4	5	6	7	8	9	10	13	17	21	25
External Rotation at 45									•	•	•	•	•	•
Bear Hugs									•	•	•	•	•	•
External Rotation at 90									•	•	•	•	•	•
Statue of Liberty									•	•	•	•	•	•
Advanced Push-up Plus									•	•	•	•	•	•
Advanced Closed Chain Stability									•	•	•	•	•	•
PNF with Resistance									•	•	•	•	•	•
Decelerations									•	•	•	•	•	•
Plyometric External Rotation									•	•	•	•	•	•
Phase IV: Weight Lifting in Gym and Return to Sports	1	2	3	4	5	6	7	8	9	10	13	17	21	25
CRITERIA: FULL PAINFREE MOTION AND FULL ROTATOR CUFF STRENGTH RESTORED NO LAT PULLS BEHIND BACK, OR WIDE GRIP BENCH PRESS														
Skiing / Snowboarding														•
Throwing Progression													•	•
Overhead and Serving Sports (tennis, volleyball)														•
Contact Sports (football, hockey, lacrosse)														•
Swimming													•	•

These protocols were originally developed by The Steadman Clinic and Howard Head Sports Medicine in Vail, CO
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