Latarjet and Revision Stabilization Rehab Protocol
Edited: Feb-16
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<tr>
<th>TIMELINE</th>
<th>GOALS</th>
<th>EXERCISES/METHODS</th>
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| Early Post-operative Day 1-week 3 | • Minimize shoulder pain and inflammatory response  
• Protect integrity of surgical repair  
• Gradually restore PROM  
• Promote normal scapular function | • Scapular clocks, ball squeezes, table slides 2 way, cervical AROM, elbow AROM exercises, Codman’s pendulums, scap retractions/depressions  
• Grade I and II GH joint mobs avoiding anterior glide  
• Patient education on joint positioning, hygiene, posture  
• Frequent cryotherapy |

**Goals/Restrictions/Milestones:**
- 100 degrees passive forward elevation  
- 30 degrees passive ER in 20 degrees shoulder abduction (open packed position)  
- Appropriate healing of the surgical site

**Healing and Protective:** 3-6 weeks  
Begin waist level activities  
Week 4: PROM fwd flexion to tolerance  
Abduction in scapular plane to tolerance  
IR/ER to 45 degrees at 30 abduction

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| Intermediate Phase: 6-12 weeks | • Protect surgical repair integrity  
• Gradual restoration of PROM  
• Sling weaning 4 weeks  
• Begin waist level activities  
• Promote normal scapular function | • Wand exercises, submaximal RTC isometrics (flex, ext, IR, ER, abd), PREs of rhomboids, middle and lower traps, serratus anterior, pulleys (week 5), cross body adduction stretch, sleeper stretch  
• Continue with joint mobilizations as indicated, incorporate scapulothoracic and thoracic mobs as needed  
• Scapular retractor and upward rotator strengthening |

**Goals/Restrictions/Milestones:**
- Passive forward elevation to 155 degrees  
- Passive ER to 35 degrees in multiple plans of shoulder abduction (no greater than 45 degrees)  
- Passive IR to 70 degrees at 90 abduction  
- Minimal pain with PROM

**Healing and Protective:** 3-6 weeks  
Begin waist level activities  
Abduction in scapular plane to tolerance  
IR/ER to 45 degrees at 30 abduction  
Begin waist level activities  
Abduction in scapular plane to tolerance  
IR/ER to 45 degrees at 30 abduction  
IR/ER to 35 degrees in multiple plans of shoulder abduction (no greater than 45 degrees)  
IR/ER to 70 degrees at 90 abduction  
Minimal pain with PROM

**Intermediate Phase: 6-12 weeks**  
ROM: avoid excessive ER ROM, progress AROM within tolerance for forward elevation, scaption, abduction  
Discontinue use of sling

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| Intermediate Phase: 6-12 weeks | • Progress A/AROM as tolerated with good shoulder mechanics  
• PROM full  
• Initiate balanced AROM and strengthening in low dynamic positions  
• Gain muscular endurance (low load, high reps) | • Joint mobilizations grade I-IV  
• UBE at week 6  
• Biceps curls with light resistance  
• Rhythmic stabilization drills, scapular retractor and upward rotator strengthening, Progression of AROM shoulder exercises, cross body stretches, Initiation of closed kinetic chain exercises (week 9) - start at wall, prone horizontal abduction, scapular I’s, T’s, Y’s, W’s (week 9)  
• Initiate sidelying ER with towel roll, IR/ER with theraband |

**Other Restrictions and Key Considerations**
- None
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<tr>
<td>• Full PROM of the shoulder</td>
<td>• Normal shoulder strength, endurance, and neuromotor control</td>
<td>• Progress isotonic shoulder strengthening, push up plus, cross body diagonals, progress resistive bands in multiple planes of shoulder abduction, upper extremity plyometrics (2 handed chest pass, 2 handed chops, overhead, one handed at 90/90), body blade, closed chain stability exercises, resisted PNF</td>
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<td>• Passive ER within 10 degrees of contralateral side at 20 degrees abduction</td>
<td>• Gradual build up of stresses to anterior capsule</td>
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<td>• Normal and appropriate scapular posture in resting position and dynamic scapular control with ADL’s</td>
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<td><strong>Weeks 12-16</strong></td>
<td>• Appropriate cuff and scapular stabilizer strength for chest level and overhead activities</td>
<td>• Core testing norms, push-ups avoiding elbows past 90 degrees, push up plyometrics, high plank dynamic stabilization exercises, return to throwing</td>
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<td><strong>Advanced Strength</strong></td>
<td>• Full active and passive shoulder ROM without pain</td>
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<td><strong>Avoid excessive overhead activities which stress anterior capsule</strong></td>
<td>• Pain free shoulder ER in multiple planes of abduction</td>
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<td><strong>Avoid focus on strengthening until full shoulder ROM is achieved</strong></td>
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<td><strong>Weeks 16+</strong></td>
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<td><strong>Activity: 16+ weeks</strong></td>
<td>• Sports specific progression and training</td>
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<td><strong>Avoid tricep dips, bench press with wide grip, and behind the head lat pull downs</strong></td>
<td>• Return to full strenuous work activities</td>
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<td>• Return to full recreational activities and sport</td>
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<td>• Pass upper extremity return to sport criteria</td>
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**SHOWERING**
1. May Shower day 1 after surgery
2. Must “waterproof” surgical site for 5 days after surgery
3. No submerging wounds for 4 weeks

**WOUND CARE**
1. Remove everything except steri strips the day after surgery
2. Place clean gauze or op-site on wounds daily for 5 days

**MEDICATIONS**
1. Pain medicine only as needed. Wean off as soon as possible