

FOX VALLEY ORTHOPEDICS

SHOULDER LATARJET

*regular starts PT @3 wks post op
*conservative protocoL starts PT @6wks post op

Sling x 6 weeks

PHASE 1

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Week 3 (start)
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• Precautions

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Immobilizer / sling use x 6 weeks, sleep w/ sling
protect subscap & coracoid transfer- No aggressive ER or
extension x 6 weeks
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- PROM
 - No shoulder AROM
 - Elbow, wrist, hand AROM
 - Passive supine forward elevation to tolerance
 - IR to 45 degrees at 30 degrees of abduction
 - ER in scapular plane from 0-25 at 30 degrees of abduction
- Strengthening Initiate scapular retraction / depression / scapular clocks Scapular isometrics
- Modalities Ice, electrical stimulation

PHASE 2

Week 4-9

• Precautions

Immobilizer / sling for 6 weeks post-op
No lifting, excessive ER
No activities that put excessive load on anterior shoulder (no

- push ups, flys)
- PROM, AAROM EARLY PHASE 2

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No shoulder AROM until 6 wks
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PROM shoulder, goal of 100 degrees passive elevation and 30 degrees passive ER at 20 degrees abduction PRIOR to AROM Continue pendulum exercises as necessary

PROM: Abduction in scap plane to tolerance IR to 45 degrees at 30 degrees abduction ER in scap plane from 0-45 at 30-40 of abduction LATERJET

- Strengthening Continue strengthening exercises from Phase 1
- Manual techniques STM to regions of restrictions Begin posterior capsule stretching cross body adduction, side lying IR (sleeper stretch) Manual resisted scapular retraction / depression
- Modalities
 Ice, electrical stimulation

LATE PHASE 2 (AROUND WEEK 6)

Progress PROM Forward elevation and abduction in scap plane to tolerance IR as tolerated at multiple angles of abd ER progress to multiple abd angles once ER >35 at 0-40 of abd Glenohumeral and scapulothoracic joint mobs Progress to AAROM and AROM (around 6 weeks) Start rhythmic stabilization drills -ER/IR in scap plane Strengthening Initiate full-can scap raises to 90 degrees ER/IR strength w/ T-bands (arms at side) Light manual resistance ER supine in scap plane Prone rowing at 30/45/90 of abduction to neutral position Focus on endurance w/ high reps/low resistance Achieve full elevation in scap plane prior to achieving elevation in other planes PHASE 3 (focus on strength) week 10-15 Precautions: Continue to avoid excessive load on anterior shoulder No above the shoulder strength until 4 months post op • PROM, AAROM, AROM PROM shoulder all planes- progressing toward full Initiate wand and pulley (all directions), wall washing • Strengthening Patient must demonstrate correct performance of all strengthening exercises without scapular / shoulder hiking before advancing to more challenging exercises

10 weeks: light biceps strength

12 weeks: gradual pec major/minor strength (avoid extreme abd/ER)

Initiate gentle rotator cuff strengthening within patient tolerance- supine / standing flexion and scaption, IR / ER with tubing, side lying ER

Progressive subscap strength:

-push ups (wall, counter, then knees on floor) -cross-body diagonals w/ resistive tubing -IR resistive bands at 0,45,90 abduction

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Latarjet

- Stretching Posterior / inferior capsule, pectoralis stretching
 - Modalities Ice, electrical stimulation

PHASE 4 (overhead and return to activity) weeks 16-30

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Week 16: begin active strengthening above the shoulder
Maintain full AROM
Precautions: Avoid tricep dips, wide grip bench, military press and lat
pull downs behind head
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• Strengthening

Continue with strengthening exercises from previous phases *Avoid adding resistance to exercises that stress repair sitefocus on low load strengthening within patient tolerance Initiate serratus push-up progression Continue scapular strengthening exercises Add gentle upper extremity closed chain exercises

-Ok to begin isotonic strength -Strengthen overhead once ROM and strength below 90 is good -emphasis on large, primary UE muscles including deltoid, lats, pec major

• Modalities as necessary

May begin throwing/overhead athletics after 5 months post op Soonest return to full activity is 6 months post op

*When indicated, all surgeons wait 5-6 months to start WH/WC program