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ORTHOPAEDIC SURGERY
FRACTURES
JOINT REPLACEMENT
SPORTS MEDICINE

LATARJET PROCEDURE PROTOCOL

Weeks 1-3

- *Objective is to protect healing capsule, allow early, graded, protected motion, prevent stiffness, minimize atrophy, and control pain and inflammation*
- Wear sling during the day for 4 weeks
- Sleep in your sling for 4 weeks
- Consistent cryotherapy for pain and Inflammation.
- Monitor neurovascular status
- No AROM with postoperative shoulder
- Patient education for posture, joint protection, hygiene, positioning, etc.
- Supine passive shoulder range of motion in a pain free range:
 - Flexion to tolerance
 - Abduction to tolerance
 - ER to 30° with shoulder abducted 0°, 45° and 90° (respect anterior capsule tissue integrity)
 - IR to 45° with shoulder abducted 45°
- Exercises
 - Cervical range of motion as needed
 - Gentle Codman's exercise in a more upright position.
 - Scapular elevation and retraction
 - Ball/Towel squeezes
 - AROM elbow/hand/wrist exercises
- Modalities as needed for pain and swelling

Weeks 4-6

- Progress passive and active assistive range of motion
 - Flexion to tolerance°
 - Abduction to tolerance°
 - ER to 45° with shoulder in all planes
 - IR to 50° with shoulder abducted 45°
- Exercises:
 - Submaximal multi-angle isometrics (flexion, abduction, IR, ER)
 - Light rhythmic stabilization in neutral and 45°
 - Light resistance for scapular exercise
 - Begin Pulleys

- Cryotherapy and modalities as needed for pain and swelling
- Scapulothoracic and Thoracic mobilizations as indicated
- Begin Posterior capsule stretching as indicated

Weeks 6-8

- Progress PROM to WFL's (do not force any painful motion)
 - ER to tolerance
 - IR as tolerated in multiple planes of abduction
- Exercises:
 - Can initiate bicep curls with light resistance
 - Anti-gravity flexion and scaption to 90°
 - Advance to light PRE's in graduated, protected range as long as mechanics are good
 - Manual light resistance to scapular diagonals (D1 and D2)
 - Prone rowing at 30/45/90°
 - May initiate light theraband resistance for ER and IR at neutral with towel roll
 - UBE at chest level
 - Initiate sidelying ER with towel roll
 - Begin light closed chain activities
 - Light proprioceptive exercise in protected range
- Watch scapulo-humeral rhythm, emphasize concentric and eccentric
- Emphasize scapular stabilization
- Cryotherapy and modalities as needed for pain

Weeks 8-12

- Continue to progress range of motion to WNL's in all planes
- Use joint mobilizations and capsule stretches as needed
- Exercises:
 - UBE at shoulder level with resistance as tolerated
 - Increase isotonic strengthening
 - Increase proprioception for scapulothoracic and glenohumeral joint
 - Manual scapular diagonals: con/con → con/ecc
 - Begin active horizontal abduction and adduction, increase range and resistance as tolerated, starting with proximal and working towards distal
 - Begin PNF patterns: limited range → full range, proximal → middle → distal resistance
 - Begin body blade: supine at 90° → multi angle → diagonals
 - CKC on wall or slideboard
 - Serratus anterior punches

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Months 3-4

- Normalize strength, endurance and muscle control
- Initiate advanced pectoralis and subscapularis strengthening without stress on anterior capsule
 - Pushup plus (wall, counter, and knees on the floor, floor)
 - Cross body diagonals with exercise bands
 - IR resistance bands (0°, 45°, 90° of abduction)
 - Serratus anterior punches with dumbbells
 - With weightlifting, avoid Tricep Dips, wide grip Bench Press, Military Press, and Lat Pulls behind the head.

Months 4-5

- Maintain full; pain free AROM in all planes.
- Return to unrestricted work activities.
- Return to normal recreational activities.
- Avoid excessive anterior capsule stress.
- May initiate plyometric/interval sports program as indicated by M.D.

Months 6-8

- May begin overhead throwing program as indicated by M.D.