Latarjet Reconstruction Rehab Protocol

KANDILNOTES

Phase 1: Post-operative 0-4 weeks:

Goals

- Minimize/control shoulder inflammation and pain
- Protection of surgical repair
- Gradual restoration of shoulder PROM
- Adequate scapular mobility and function

Weight bearing status and sling use

- Non-weight bearing in sling at all times
- Sling at all times including sleeping, except when showering/bathing; sleep with towel placed under elbow to prevent shoulder extension

Therapeutic exercises

- Work on Pendulum exercises 3 times a day for 5-10 minutes at a time
- NO AROM of the operative shoulder
- No excessive shoulder external rotation ROM/stretching. STOP at first felt end feel.
- PROM/AAROM/AROM of elbow, wrist, and hand.
- Begin shoulder PROM (PT directed/administered
    - Forward flexion/elevation to tolerance
    - Abduction in scapular plane to tolerance
    - IR to 45 degrees at 30 degrees abduction
    - ER in scapular plane from 0-20 degrees; begin at 30-45 degrees abduction.
        - DO NOT FORCE ANY PAINFUL MOTION. RESPECT ANTERIOR CAPSULE INTEGRITY WITH ER.
- Scapular clock and isometric exercises.
- Ball squeezes
- Frequent ice/cryotherapy for pain and inflammation as needed

Phase 2: Post-operative weeks 4-10

Goals

- Minimize/control pain and inflammatory response
- Protection of surgical repair/integrity
- Achieve restoration of AROM gradually
- Wean from sling in weeks 6-7.
- Initiate LIGHT waist level activities.

Weight bearing status

- Wean from use of sling at 6 weeks post-op
- Non-weight bearing at all times

Therapeutic exercises

- No active shoulder movement until adequate PROM with good mechanics achieved
- No excessive ER ROM/stretching. Respect anterior capsule integrity
- No activities/exercises that place excessive load on anterior shoulder (push-ups, pectoralis flys, etc.)
- Avoid exercises that involve “empty can”/IR position in scaption due to risk of impingement.
- Early Phase II (weeks 4-6)
    - Progress shoulder PROM (do not force any painful motion)
    - Forward flexion/elevation to tolerance
    - Abduction in scapular plane to tolerance
    - IR to 45 degrees at 30 degrees of abduction
    - ER to 0-45 degrees at 30-40 degrees abduction
    - Glenohumeral joint mobilizations as indicated when ROM significantly less than expected. Mobilization done in direction of limitation and discontinue once adequate ROM achieved
        - No excessive ER ROM/stretching. Respect anterior capsule integrity
    - Address scapulothoracic and trunk mobility limitations. Mobilizations done in direction of limitation and discontinued when ROM achieved

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- Introduce posterior capsule stretching as indicated
- Continue ice/cyrotherapy for pain and inflammation

- Late Phase II (weeks 6-10)
  - Progress shoulder PROM (do not force any painful motion)
    - Forward flexion/elevation/abduction in scapular plane to tolerance
      - Achieve full elevation in scapular plane before beginning elevation in other planes
    - IR as tolerated at multiple angles of abduction
    - ER to tolerance at multiple angles of abduction ONCE 35 DEGREES ER AT 0-40 DEGREES OF ABDUCTION IS ACHIEVED.
  - Sidelying ER with towel roll
  - Manual resistance ER in scapular plane in supine position
  - Prone scapular exercise (30/45/90 degrees abduction) in neutral arm position
  - Glenohumeral and scapulothoracic joint mobilizations as indicated
  - Begin rhythmic stabilization drills (IR/ER in scapular plane, flexion/extension and abduction/adduction at varying angles of shoulder elevation)
  - Continue AROM elbow, wrist, and hand
  - Strengthen scapular retractors and upward rotators
  - Progress to AAROM/AROM activities of shoulder as tolerated with good mechanics (minimal to no scapulothoracic substitution with up to 90-110 degrees of elevation)
  - Initiate balanced AROM/strengthening program. All activities should be pain free and without substitution patterns
    - Low dynamic positions initially
    - Muscular endurance with high repetition (30-50), low resistance (1-3 lbs)
    - Exercises should be progressive in terms of muscle demand/intensity, shoulder elevation, and stress on anterior joint capsule
    - Exercises both open and closed-chain
    - Initiate “full can” scapular plane to 90 degrees elevation with good mechanics
    - Initiate IR/ER strengthening with tubing at 0 degrees of abduction
  - No heavy lifting or plyometrics at this time

Phase 3: Post-operative weeks 10-16

Goals:

- Normalize strength, endurance, and neuromuscular control
- Return to chest level functional activities
- Gradual and planned progression of anterior joint capsule stress

Weight bearing status

- No heavy lifting > 5Ibs

Therapeutic exercises

- No aggressive overhead activities/strengthening that overstress anterior joint capsule
- Avoid contact sports/activities
- No strengthening or functional activities in any plane until near full ROM and strength in that plane of movement
- Continue AROM and PROM as needed/indicated
- Initiate biceps strengthening with light resistance, progress as tolerated
- Gradual progression of pectoralis major/minor (avoid positions of excessive stress to anterior joint capsule)
- Subscapularis strength progression (push-up plus, cross body diagonals, forward punch, IR resistance band at 0/45/90 degrees abduction, etc)

Phase 4: Post-operative months 4-6

Goals:

- Stretching and PROM as needed/indicated
- Maintain full non-painful AROM
- Return to full work activities
- Return to full recreational activities

Weight bearing status

- Weight bear as tolerated

Therapeutic exercises

- Avoid excessive anterior joint capsule stress
- Avoidance of “triceps dips, wide grip bench press, military press, or lat pulls behind head. Always “see your elbows” when weight lifting.
- No throwing or overhead athletic moves until 4 months post-op or cleared by MD.
- Continue all exercises from phase III
- Overhead strengthening if ROM and strength below 90 degrees elevation is good
- Shoulder stretching/strengthening at least 4 x a week
- Return to upper extremity weight lifting program with emphasis on larger, primary upper extremity muscles (deltoids, latissimus dorsi, pectoralis major)
- Push-ups with elbows not flexing past 90 degrees
- Plyometrics/interval sports program if appropriate/cleared by PT and MD
- May initiate pre injury level activities/vigorous sports if appropriate/cleared by MD

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