

Latarjet (coracoid transfer) Rehabilitation Protocol

With the Latarjet procedure, early postoperative therapy must protect the subscapularis and the developing bony union of the coracoid process. This typically takes around 6 to 8 weeks. The biceps and coracobrachialis must also be protected during this time. Therefore, aggressive shoulder extension and external rotation stretching is not advocated in the immediate postoperative period. External rotation should be gradual allowing the anterior structures to heal.

Because of surgical technique and early immobilization, the subscapularis is affected in terms of length, force production, and proprioception. Hence, specific therapy directed towards the subscapularis later is essential. Anticipated time to return to sport is 6 months.

Phase I (Weeks 1 to 6) - *Immediate Post Surgical Phase*

Goals

- Minimize shoulder pain
- Decrease inflammation
- Protect repair and allow bone to heal
- Achieve PROM - prevent stiffness

Precautions/Patient Education

- No active range of motion (AROM)
- No excessive ER stretching (stop at end feel) - do not force painful motions
- Sling at all times, shower with arm in adducted position until one month postop
- No lifting, pushing, pulling

Activity

- Motion (supine preferred, FF to tolerance, ER to 25-30 degrees starting with 30 degrees of abduction, IR to 45 degrees with 30 degrees of abduction – all in scapular plane)
- Ball squeezes
- Scapular retraction
- Prevent shoulder extension with pillow behind elbow
- Cryotherapy to decrease inflammation
- Starting week 3, begin prone row, prone extension (not past hip), sidelying ER, rhythmic stabilization and proprioceptive exercises with therapist

Criteria for Phase II progression

- Compliance with precautions and immobilization guidelines - out of sling
- 100 deg FF, 30 deg ER, 20-30 deg abduction
- Minimal or no pain with exercises



Physical therapy protocols, post-operative instructions, and other information can all be accessed at any time at www.frantzorthopedics.com

Phase II (Weeks 6-9) - *Intermediate Phase/ROM*

Goals

- Protect surgical repair
- Regain AROM
- Start light waist level activities

Precautions

- Must have most PROM and good mechanics
- No pushing, pulling, lifting
- No excessive ER or stretching
- Avoid activities with excessive load on anterior structures: pushups, flys, etc.)

Early Phase II (approximately week 6)

- Motion (FF to tolerance, ER to 45 with 30 deg abduction, IR to 45 with 30 deg abduction)
- Mobilize glenohumeral joint if decreased ROM. Only mobilize in directions of limited motion, address scapulothoracic and trunk mobility limitations as well.
- Start post capsule stretching

Late Phase II (approximately Week 9)

- Cont PROM, cont AROM
- FF, IR, abduction to tolerance
- ER progression, may progress once >35 deg ER at 0-40 abduction
- Strengthen scapular retractors and upward rotators
- Initiate balanced AROM program
- Low dynamic position first
- No pulling, pushing, lifting
- Exercises should be pain free
- No substitution
- Open and closed chain exercises

Criteria for progression to phase III

- Passive FF to 80% of contralateral shoulder
- Passive ER within 10-15 degrees of contralateral shoulder at 20 deg abd
- Passive ER of at least 75 degrees in 90 degrees abduction
- Good shoulder mechanics
- No pain



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Phase III (Weeks 10-15)

Strengthening Phase

Goals

- Improve strength, endurance, neuromuscular control

Precautions

- Avoid aggressive overhead activities/strengthening
- Avoid contact sports/activities
- No strengthening until near full ROM

Activity

- Continue AROM
- Hands behind head stretch, behind the back IR, supine cross body stretch, sidelying IR
- Theraband ER/IR, forward punch, shrug, wall W's, seated row, advance to standing T's, diagonal up/down, ER/IR at 90 deg abduction
- Start biceps curls with light resistance
- Start pec major strengthening
- Start subscapularis strengthening
- Push up plus (counter, wall, knees on floor)
- IR resistive band
- Forward punch

Phase IV (Approximately Weeks 16-20)

Overhead Activities Phase / Return to activity phase

Goals

- Return to full work and recreational activities

Precautions

- Avoid stressing anterior capsular structures
- "Always see your elbows" exercises (avoid bench, dips, lat pulls behind shoulders)
- No throwing or overhead activities until cleared by doctor.

Activity

- Progressive isotonic strengthening with no substitution
- Progressive lifting program (focus on pec, lat, deltoid)
- Light weight with higher reps
- Patients can usually return to sport by 5-6 months if no pain, full motion, full strength, or when cleared by MD



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