



**UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY  
SPORTS MEDICINE**

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**ANTERIOR LABRAL REPAIR AND OPEN CAPSULORRAPHY with BONE BLOCK  
(LATARJET or TIBIAL PLAFOND ALLOGRAFT)**

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**Phase 1:**

Begins immediately post-op through approximately 8 weeks.

1. Sling for everyone (**without** abduction pillow)
2. Cryotherapy
3. NO pendulum exercises
4. Active wrist/passive elbow ROM exercises
5. Grip exercises
6. Scapular exercises
7. Day 14 suture removal at doctor's office
8. Begin PROM (no active ROM for 8 weeks)
  - Elevation to 90° (supine flexion using contralateral arm, scapular plane elevation) for 4 weeks, then 120 from weeks 4-8
  - ER to 30° at 0°, 45° abduction in the scapular plane for 4 weeks, then
  - ER to 60° at 0°, 45° abduction in the scapular plane from weeks 4-8
  - NO ER at 90° abduction until 8 weeks post-op
  - IR to abdomen
  - NO IR behind back for 8 weeks
9. Aquatic therapy (at 8 weeks – if available)
  - Shoulders totally submerged
  - Slow active motion within precautionary ROM with emphasis on good biomechanics.
  - No coronal plane abduction.

**Phase 2:**

(8-12 weeks)

1. Wean from sling. Sling wear discouraged except as a visible sign of vulnerability in uncontrolled environment.
2. Passive ROM - Joint mobilization and stretching towards full ROM in all directions (emphasize isolated glenohumeral elevation)
  - Elevation to 140° (supine flexion using contralateral arm, scapular plane elevation)
  - ER to 70° at 0°, 45° abduction in the scapular plane

- ER to 60° at 90° abduction in the scapular plane  
IR with thumb tip to L1 (40° abduction)
3. Aquatic therapy - continue same exercises as in phase 1 without ROM limitations.  
Increase speed of movement as tolerated.

#### Home Exercise Program

1. Stretching for PROM in all directions
2. Passive exercise as directed by physical therapist
3. Cryotherapy prn

#### **Phase 3:**

12-16 weeks post-op

1. Glenohumeral/scapulothoracic joint mobilization/passive ROM- (target-achieve full ROM by 12 weeks)
2. Strengthening
4. Active ROM/Initial Strengthening
  - Minimal manual resistance for isometric ER/IR at 0°, 45°, and 90° in supine with arm supported as needed
  - Minimal manual resistance for rhythmic stabilization of glenohumeral joint at multiple angles in supine (60°, 90°, 120°)
  - AAROM progressing to AROM for elevation in supine. Elevate head of bed as appropriate maintaining good mechanics.
  - AAROM progressing to AROM PNF D1/D2 diagonals in supine
  - ER in sidelying
  - Light periscapular strengthening as appropriate (prone rowing, prone shoulder extension)
  - Continue manual resistance- rhythmic stabilization for IR/ER (0, 45, 90 degrees abduction) and rhythmic stabilization (flex, ext, hor abd/add) at 45, 60, 90, 120 degrees elevation in scapular plane
  - AROM progressing to light manual resistance for PNF patterns
  - AROM elevation/scaption in standing (must be performed in ROM that allows for good biomechanics; use mirror for feedback)
  - Aquatic therapy- increases speed of movement, progress to using hand as a "paddle" and then to webbed gloves for increased resistance as tolerated.
  - Slowly add light resistance (theraband or light dumbbells) as patient gains control of movement with good biomechanics. Include the following exercises:
    - Elevation in scapular plane (initially supine, progress to inclined, then upright)
    - Prone rowing
    - Serratus "punches"
    - Sidelying ER
    - Prone extension, hor abduction
    - ER and Extension with theraband
    - Progress to IR with theraband

#### Home Exercise Program

1. Passive stretching for FROM

2. Light strengthening exercises as directed by PT

**Phase 4:**

(16-20 weeks)

- Refer to physician for advice regarding specific activity restriction
1. Joint mobilization (glenohumeral/scapulothoracic) and PROM as needed if FROM not yet achieved
  2. Progress strengthening exercises in phase 3 with increasing weight as tolerated
  3. Add gym machines as appropriate (chest press, rowing, latissimus pulldown, triceps, biceps) and IR/ER at 90 degree abduction
  4. May start isokinetics for IR/ER beginning in a modified position with moderate speeds (120°-240°)

**Home Exercise Program**

1. Stretching to maintain ROM as needed
2. Strengthening as directed by PT. Pt should have independent strengthening program prior to discharge from PT

**Phase 5:**

(20-28 weeks)

1. Functional progression for sports and activity-specific tasks (i.e. golf, tennis, swimming)
2. Interval sport programs as indicated
3. Plyometrics with pitchback
4. Advanced strengthening as indicated