

Latarjet Procedure

Dr. Frank

Name _____

Date of Surgery _____

Timing of each phase varies based on: degree of shoulder instability/laxity, size of the tear, quality of tissue, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Sling:

Three weeks

Range of Motion

Limitations:

Begin ER/IR in plane of scapula and at 30° Abduction

Flexion/ Abduction:

Progress gently as tolerated beginning week 2

External Rotation:

30° until 4wks
45° until 6wks

Internal Rotation:

45° x 6wks

Other

Restrictions:

Return to Activities

Wt Training: 16 wks

Ski: 16wks

Golf: 8 wk chip and putt
12 wk full swing

Tennis: 16 wk

Contact Sport: 5 mos

Phase 1 – Protection/ Range of Motion (Post-op weeks: 1-3)

A. Protection/HEP only

Weeks 1-2

Pendulums

Elbow, wrist, hand AROM (without resistance)

Scapular retraction, scapular clock (no resistance)

B. Range of Motion/ Begin P.T.

Week 3

Passive ROM within limits

Phase 2 – Range of Motion (Post-op weeks: 4-9)

A. Progress Passive ROM

Weeks 4-6

Wean from sling

Progress PROM

B. Active ROM

Weeks 7-9

Progress to AA/AROM

Gentle Isometrics all directions (submax/ painfree)

Initial Proprioception/Rhythmic stabilization

Light scapular retraction/upward rotation strengthening

Light ER/IR strengthening

Phase 3 – Strengthening

Post-op weeks: 10-15

Progressive Resistive Exercises (Resistive cords or light free weights):

Rotator Cuff: Abd/FF/Abd/Scaption/ ER and IR at 0°

Scapular: Rows/ Fwd Press/Horizontal Add and Abd

Terminal Stretches as need for full ROM

Progress Proprioception including closed chain stability

Begin Push-up plus Progression

Initial skills- low intensity, no overhead activities

Phase 4 – Functional Progression

Post-op 4 months +

May initiate Weight training program

Gradual overhead activity progression

Progress sport specific skills-plyometrics

Emphasis on eccentric strengthening