

## Latarjet Protocol

**Precautions:** Early post-op therapy must protect the subscapularis as well as the developing bony union of the coracoid process. Contact the referring physician to determine if a complete subscap repair was performed

**Surgical Description:** Surgical procedures for shoulder instability can be classified as soft tissue or bony procedures. In cases where bony lesions of the glenoid are present to the Latarjet procedure is highly effective. The procedure involves transferring the distal coracoid into the bony deficit. The short head of the bicep and coracobrachialis remain intact and serve as a dynamic sling further stabilizing the GH joint. The subscapularis may be split or completely taken down and then repaired.

### Phase I (1 – 5 days post-op) Post-op protection phase

- Goal: Protect repair and promote healing of bony fixation
- Wound care: Monitor surgical site
- Modalities: Goal of minimizing pain and inflammation
- Sling: Ultrasling with abduction pillow worn at all times. Arm kept in adducted position when showering
- ROM: AROM elbow, wrist, and hand only, scapular retractions
  - With subscap repair, no ER during this phase

### Phase II (5 days – 4 weeks post-op) Continue post-op protection and begin PROM

- Avoid: to protect repair of bony tissue and subscapularis, avoid extension and excessive ER
- Wound care: Monitor site and begin scar management techniques when incision is healed
- Modalities: Edema and pain control interventions (ice, IFC)
- Sling: Until 6 weeks post-op, Ultrasling worn with abduction pillow worn at all times. Arm kept in adduction when showering
- ROM:
  - No AAROM/AROM of the shoulder
  - AROM of elbow, wrist, and hand
  - Avoid: to protect repair of bony tissue and subscapularis avoid extension and excessive ER
  - Rate of progression based on evaluation of the patient (end feel assessment) and if a subscap repair was performed (no ER)
  - Weeks 1-2 PROM:
    - Flex/abd to 90 degrees

- ER at 30 degrees abduction to 25-30 degrees
- IR at 30 degrees abduction to 45 degrees
- No extension
- Weeks 2-4 PROM:
  - Flexion to 90-115 degrees
  - Abduction to 90 degrees
  - ER at 30 degrees abduction to 20-25 degrees
  - IR at 30 degrees abduction to 35-40 degrees
- Exercises:
  - Pendulums, Scapular retraction (no resistance), passive table walkouts within ROM limitations

### **Phase III (4 weeks – 10 weeks post-op) Progressive ROM phase**

- Modalities: Edema and pain control interventions
- Sling: Until 6 weeks post-op, Ultrasling worn with abduction pillow worn at all times. Arm kept in adduction when showering
- ROM:
  - 4-9 weeks-
    - 4-6 weeks PROM only
    - 5 weeks begin AAROM (pulleys, cane)
    - Flexion
      - 4-6 weeks: to 145 degrees,
      - at 7 weeks: as tolerated
    - Abduction to 90 degrees (until 9 weeks)
    - ER at 30 degrees of abduction to 45-50 degrees
    - IR at 30 degrees of abduction to 55-60 degrees
  - Beginning at week 7:
    - PROM: gradually progress all PROM to WNL
    - AROM: Transition from AAROM to AROM program within AROM available with good mechanics and without compensatory movements
      - May initiate active extension and IR
- Strengthening:
  - May begin submax isometric strengthening, 25-50% effort, pain-free, into flexion, scaption, and ER
  - At 5 weeks:
    - Begin gradual AAROM progressed within ROM restrictions

- At 7 weeks:
  - Begin gradual AROM program for periscapular and GH musculature in pain-free ROM only, goal of full AROM.
    - Prone I/T/Y, Supine to standing exs, Closed chain exs, Neuro re-ed
  - Avoid push, pull, or lifting tasks
  - Avoid resistance to the bicep, subscapularis, and pectoralis minor
- Goal by 9 weeks:
  - PROM:
    - Flexion within 80% of uninvolved
    - ER within 10-15 degrees of uninvolved UE (at 30 degrees of abduction)
    - ER at least 75 degrees at 90 degrees of abduction
  - Good shoulder mechanics with AROM

#### **Phase IV (9+ weeks post-op) Strengthening Phase**

- Precaution: avoid aggressive overhead activities and strengthening; avoid contact sports
- ROM: Progress AROM to WNL, pain-free
- Strengthening: Begin light shoulder strengthening, open and closed chain, and gradually progress within pain-free activity level
  - Biceps curl with light resistance
  - Pectoralis minor and subscapularis strengthening
  - Wall push-ups, progressing to angle and kneeling push ups
  - ER, sleeper stretch, cross-body stretch
  - IR and protraction with resistance band

#### **Phase V (16+ weeks post-op) Overhead and return to activities phase**

- Precaution: avoid stressing the anterior capsule structures; Avoid bench press and dips; Lat pull downs must see elbows and stop before shoulder passes neutral
- No throwing or overhead activities until cleared by physician
- Strengthening:
  - Progressive strengthening program focusing on quality of shoulder movement
  - Recommend light weight, high repetitions
- Return to sport: usually 5-6 months if no pain, full ROM, and strength and/or when cleared by physician

Adapted From:

- 1) Atlanta Sports Medicine, Latarjet Protocol, 2011



- 2) Brigham and Women's Hospital, Inc. Lararjet Protocol. Department of Rehab Services, 2009.