

Latarjet Protocol

Phase 1 – Maximum Protection

Weeks 0 to 2

- Wear sling at all times (strap around body)
- No glenohumeral joint (GHJ) range of motion for 2 weeks

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Postural education

Exercise Progression:

- No GHJ ROM for 2 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM
- Elbow flexion PROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase 2 – Passive Range of Motion

Weeks 2 to 4

- Wear sling at all times
- Initiate PROM at shoulder at 2 weeks
 - No external rotation past neutral
- Initiate submaximal isometrics directed by therapist at 2 weeks in all directions except for internal rotation
 - Holder internal rotation isometrics until 6 weeks post-op

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Postural education with cervical spine and neutral scapular positioning
- Shoulder PROM:
 - Flexion to 100 degrees by week 4
 - Abduction and scaption to tolerance by week 4
 - Internal rotation 0-45 degrees at 30 degrees abduction by week 4
 - External rotation to neutral by week 4

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Gentle submaximal therapist directed isometrics to achieve range of motion goals in all directions except for internal rotation

Exercise Progression:

- PROM shoulder exercises
- AAROM/AROM exercises of wrist, hand, and elbow
- DNF and proper postural positioning with shoulder retraction
- Shoulder pendulums
- Low to moderate intensity cardiovascular work (walking or stationary bike)

Phase 3 – Active/Active Assisted Range of Motion

Weeks 4 to 6

- Discontinue sling at 4 weeks
- Continue PROM
- Initiate AAROM and AROM at shoulder

Goals:

- Reduce pain and inflammation
- Shoulder PROM:
 - Flexion, abduction, and scaption to tolerance by week 6
 - Internal rotation 0-60 degrees at 30 degrees abduction by week 6
 - External rotation 0-25 degrees at 30-40 degrees abduction by week 6

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Submaximal therapist directed isometrics in all directions except for internal rotation

Exercise Progression:

- AAROM and AROM exercises – cane, pulleys
- Begin posterior capsular stretching at 4 weeks
- Serratus activation
- Scapular strengthening – prone scapular series (rows)
- Submaximal isometrics – hold on internal rotation
- Low to moderate intensity cardiovascular work (walking and stationary bike)

Phase 4 – Progressing Range of Motion and Strengthening

Weeks 6 to 12

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Initiate strengthening phase, including elbow flexion, with resistance

Goals:

- Shoulder PROM
 - Flexion, abduction and scaption to tolerance by week 8
 - Internal rotation to tolerance by week 8
 - External rotation 0-45 degrees at 30-40 degrees abduction by week 8. After 8 weeks adjust angle of abduction and progress to tolerance

Manual Therapy

- PROM and mobilizations to progress ROM
- Manual perturbations in supine with arm to 90 degrees flexion and ER/IR at 0 degrees
- PNF patterns
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening – bilateral progressing to unilateral/tripod position

Exercise Progression:

- Initiate UE bike
- Initiate strength, including biceps, at 6 weeks
 - Focus on high repetition, low load (<3 lbs)
 - Hold on resisted internal rotation until 8 weeks – very gradual progression of strength in internal rotation direction to protect repair
 - Avoid positions that excessively stress anterior capsule
- Progress serratus punches and prone series by adding resistance as tolerated
- Progress PNF patterns to standing with protected end range of 90/90
- Initiate closed kinetic chain progression with ½ to ¾ range of motion protecting anterior shoulder capsule
- Able to progress to elliptical for cardiovascular health at 6 weeks
- Able to progress to running at 8 weeks per tolerance

Phase 5 – Advanced Strengthening and Plyometric Drills

Weeks 12 to 24

- Full ROM with protection at end range 90/90
- Initiate plyometric drills
- Initiate overhead throwing program at 4 months post op
- Follow up examination with physician at 6 months for release to full activity

Goals:

- Full range of motion with protection at end range 90/90
- Advance gym strengthening program
- Initiate plyometric exercises at 12 weeks
- Initiate interval throwing program for athletes at 4 months

Manual Therapy:

- STM and joint mobilization to glenohumeral, scapulothoracic, and cervicothoracic as needed
- Manual perturbations
- PNF patterns

Exercise Progression:

- Full ROM in all planes with protected end range 90/90
- Progress rotator cuff and scapular strengthening program
- Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises
- Initiate plyometric and rebounder drills

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval throwing program

Anticipated return to sports:

- 4.5-6 months for contact athlete, throwing athlete, swimmer, or volleyball player