

Latarjet Protocol

Phase I- Maximum Protection

Weeks 0 to 2:

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

Goals

- Reduce pain and inflammation
- Protect repair
- Postural education

Exercise progression

- No GHJ ROM x 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 II- 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
 - Hold internal rotation isometrics until 6 weeks post-op

Goals

- 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 mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex
- Gentle sub-maximal 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 III- Active/Active Range of Motion

Weeks 4 to 6:

- Discontinue sling at 4 weeks
- Continue PROM

- Initiate AAROM and AROM at shoulder

Goals

- 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 incisions are healed
- STM to shoulder and cervicothoracic complex
- Sub-maximal therapist directed isometrics in all directions except for internal rotation

Exercise progression

- AAROM and AROM exercises- cane, pulleys
- Begin posterior capsule 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 IV- 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 in 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 1/2 to 3/4 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 V- 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 program

Anticipated return to sports:

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