

LATARJET REHABILITATION PROTOCOL

	RANGE OF MOTION	SLING	EXERCISES	PRECAUTIONS
PHASE I 0-4 weeks	<p>True passive ROM to patient tolerance</p> <p>Goals:</p> <ul style="list-style-type: none"> • 120 Forward flexion • 25 ER in the 30 abducted position, • 60-80 abduction in scapular plane without rotation <p>Limit IR to 45 in the 30 abducted position</p> <p>Maintain elbow anterior to mid axillary line when supine</p>	<p>Sling at all time except showering and rehab with PT guidance</p>	<ul style="list-style-type: none"> • No canes or pulleys • No pendulums • Elbow/wrist/ hand ROM and grip strengthening • Isometric scapular stabilization in sling 	<ul style="list-style-type: none"> • No active ROM • No stress to anterior capsule • No excessive ER stretching or ROM • No lifting with operative extremity
PHASE II 4-10 weeks	<p>Week 4-6 continue with PROM and begin AAROM:</p> <ul style="list-style-type: none"> • FF and abduction to tolerance • 0-45 ER in 30 abduction position • 0-45 IR at 30 abduction • NO aggressive stretching <p>Week 6-10:</p> <ul style="list-style-type: none"> • Progress PROM • Begin AAROM→AROM as tolerated with good mechanics • ER/IR as tolerated <p>Goals: FF/Abduction > 155, ER/IR > 75 at 90 abduction</p>	<p>Discontinue sling at week 6</p>	<p>Week 4-6: begin gentle AAROM exercises (supine position)</p> <ul style="list-style-type: none"> • gentle GH joint mobs (I and II) if ROM significantly lacking • begin posterior capsule stretching (sleepers, cross body) <p>Week 6-10: begin balanced AROM/strengthening program</p> <ul style="list-style-type: none"> • Strengthen scapular retractors and upward rotators • High rep, low resistance (1-3 lb) low dynamic positions • Open/Closed chain exercises • IR/ER with tubing at 0 abduction w towel roll • Side lying ER w towel • Prone rows at 30/45/90 abduction to neutral arm position • Light manual resistance ER supine in scapular plane • Rhythmic stabilization drills 	<ul style="list-style-type: none"> • No AROM until adequate PROM w/ good mechanics • No lifting with operative extremity • No biceps strengthening • No excessive ER ROM or stretching • Avoid excessive load to anterior capsule (pushups, pectoral flys, etc.) • Avoid empty can exercises

<p>PHASE III 10-16 weeks</p>	<p>Increase to full AROM without discomfort</p>	<p>None</p>	<ul style="list-style-type: none"> • Continue with scapular strengthening • Cross body diagonals with tubing • Push up plus (wall, counter, knees on floor, floor) • Begin biceps strengthening with light resistance • Forward punch • Begin light pec major and minor strengthening (avoid anterior capsule stress) • IR resistive band at 0, 45, 90 of abduction 	<ul style="list-style-type: none"> • Do not overstress anterior capsule with aggressive overhead activity or strengthening • Avoid contact sports • Avoid strengthening in given plane until near full ROM in that plane of movement
<p>PHASE IV 16-24 weeks</p>	<p>Full without discomfort</p>	<p>None</p>	<ul style="list-style-type: none"> • Advance strengthening as tolerated • Isometrics → bands → light weights <ul style="list-style-type: none"> • 8-12 reps/2-3 sets for rotator cuff, deltoid and scapular stabilizers • May begin pre injury level activity when cleared by MD 	<ul style="list-style-type: none"> • Avoid excessive anterior capsule stress • Avoid dips, wide grip bench, military press; keep all lifts and exercises above plane of body • No throwing or overhead athletic activity until 4 months postop and cleared by MD