

POST-OPERATIVE REHABILITATION PROTOCOL

# Latarjet Shoulder Stabilization

William McLaughlin, MD | Sports Medicine Surgery | Advanced Bone & Joint

## Phase 1 | Maximal Protection | 0-4 Weeks

### GOALS FOR THIS PHASE

- Protect the coracoid transfer and capsule.
- Maintain sling immobilization for 4 weeks.
- Initiate elbow, wrist, and grip ROM/strength.
- Begin deltoid and cuff isometrics.
- Limit forward elevation to 90° and ER to 30° within precautions.

### Immobilization

- Immobilization for 4 weeks using sling.
- Remove sling for showering, but maintain arm in sling position (in front of stomach).

### Precautions

- Protect anterior and posterior capsule from stretch — begin passive ROM only.
- Limit forward elevation (supine, scapular plane) to 90°.
- Limit external rotation to neutral - 30°.
- Do not perform pendulums.

### Therapeutic Exercises

- Elbow active and active-assisted ROM — flexion and extension.
- Wrist and gripping exercises.
- Begin deltoid/cuff isometrics.

### Modalities

- CryoCuff as needed.

## Phase 2 | Moderate Protection | 4-6 Weeks

### GOALS FOR THIS PHASE

- Discontinue sling at 4-6 weeks.
- Advance forward elevation to 140° and ER to 45°.
- Transition from active-assisted to active ROM with quality movement.
- Continue elbow and wrist motion and shoulder isometrics.

### Immobilization

- Discontinue sling at 4-6 weeks.

### Range of Motion

- Active and active-assisted forward elevation to 140° in scapular plane.
- External rotation to 45°.
- Progress from active-assisted to active ROM with quality movement only — avoid forcing motion with substitution patterns.
- Use gravity-eliminated motions first (e.g. supine elevation in the scapular plane).

### Therapeutic Exercises

- Deltoid isometrics.
- Elbow active ROM.
- Continue wrist exercises.

### Modalities

- Modalities as needed.

## Phase 3 | Minimal Protection | 6-12 Weeks

### GOALS FOR THIS PHASE

- Achieve full active/active-assisted forward elevation and external rotation.
- Begin progressive resistance for cuff, scapular, and arm musculature.
- Emphasize posterior cuff, latissimus, and scapular eccentric strengthening.
- Protect anterior and posterior capsule during PREs.

### Range of Motion

- No limit on active or active-assisted ROM in forward elevation or external rotation.
- Active-assisted and PROM with arm in 45° abduction (begin at 10-12 weeks).
- Active ROM in all directions below horizontal with light resisted motions.
- Restore flexion, internal rotation, and horizontal adduction as tolerated.

### Strengthening

- Deltoid and rotator cuff isometrics progressing to isotonic.
- PREs for scapular muscles, latissimus, biceps, and triceps.
- PREs for rotators in isolation (use modified neutral).
- Emphasize posterior cuff, latissimus, and scapular muscle strengthening with eccentrics.
- Utilize exercise arcs that protect anterior/posterior capsule during PREs.
- Keep all strength exercises below the horizontal plane in this phase.

## Phase 4 | Strengthening | 12-16 Weeks

### GOALS FOR THIS PHASE

- Restore full active ROM and scapulohumeral rhythm.
- Aggressive scapular stabilization and eccentric strengthening.
- Integrate upper-extremity functional patterns.
- Prepare for full return to sporting activities.

### Criteria to Enter Phase

- Pain-free active ROM.
- Pain-free with manual muscle test.
- Progress by response to treatment.

### Range of Motion

- Active ROM activities to restore full ROM.
- Restore scapulohumeral rhythm.
- Joint mobilization.

### Strengthening

- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening: sidelying ER, prone arm raises at 0°/90°/120°, elevation in scapular plane with IR/ER, close-grip lat pulldown, prone ER.
- Dynamic stabilization WB and NWB.
- PREs for all upper-quadrant musculature — integrate upper-extremity patterns.
- Continue to emphasize eccentric and glenohumeral stabilization.
- All PREs below the horizontal plane for non-throwers.
- Begin isokinetics and muscle endurance activities (UBE) at high seat / low resistance.
- Must demonstrate active shoulder flexion to 90° without substitution.

### Functional Progression

- Continue with agility exercises.
- Advanced functional exercises.

- Isokinetic test.
- Functional test assessment.
- Full return to sporting activities.

*This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.*