

Latarjet Rehabilitation Program

The Gundersen Health System Sports Medicine Latarjet Protocol is a criteria-based and bony and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. It is not meant to serve as a substitute for clinical reasoning. Individual variations will occur depending on surgical details and patient response to treatment. Main concerns are healing times of coracoid graft and subscapularis repair. Contact us at 1-800-362-9567 ext. 58975 if you have questions or concerns.

Phase I: 0-6 weeks	Phase II: 6-12 weeks	Phase III: 12 weeks+
Sling: ABD pillow 24 hrs day for 6wks. D/c per MD	Sling: D/c at 6 weeks per MD approval, can use for comfort	Sling: Not applicable
PROM: ER: 0 in neutral for 6 wks. IR: No IR beyond sling 6 weeks. Flexion 0-90. Scaption 0-90. No abduction. No extension. No terminal stretching.	PROM: Goal: Full ROM by 10-12 wks. Flexion / Scaption progress towards full. Initiate abduction / ext at 6 weeks, progress gradually towards full. Initiate gentle ER ROM in neutral and scaption at 6 wks with gradual progression to patient requirement by week 12.	PROM: Full with no restrictions
AAROM: see PROM, may initiate week 5-6 to patient tolerance.	AAROM: see PROM	AAROM: Full with no restrictions
AROM: Initiate at 4-6 wks in flexion and scaption. Avoid extension beyond neutral.	AROM: Full by 10-12 wks, working withing PROM guidelines above	AROM: Full with no restrictions
Modalities: Cryotherapy 3x/day IFC if c/o pain NMES	Modalities: Cryotherapy 3x/day IFC if c/o pain NMES	Modalities: Cryotherapy NMES as needed

<p>RX: Recommendations: No AROM for 6 wks No overhead motions No active contraction of the bicep No active contraction of the subscap</p> <p>Active warm-up: Codmans</p> <p>Mobilizations / ROM: Physiologic mobilizations -No anterior/inferior mobilizations Accessory movements PROM / AAROM see above AROM - see above Elbow / Wrist AROM</p> <p>Therapeutic exercises: Wrist/Hand exercises Cervical spine ROM exercises Shoulder isometric ER, abd, flex, etx in neutral wk 6 Shoulder IR isometric in neutral wk 6, emphasis on gradual progression Sidelying ER to neutral week 6</p>	<p>RX: Recommendations: No heavy resistance for shoulder IR No heavy resistance for bicep</p> <p>Active warm-up: UBE, Rower Mobilizations / ROM: Physiologic mobilizations Accessory movements PROM / AAROM / AROM</p> <p>Therapeutic exercises: Scapulo-thoracic GH exercises Isotonic IR/ER in neutral within AROM guidelines Sidelying ER Triceps ext Rhythmic stabilizations CKC exercises wk 9-10 Light bicep curl wk 9-10 Prone ER with hor abduction Lower trapezius exercises 10 wks Isotonic IR/ER in 90/90 PNF patterns</p> <p style="text-align: right;">Updated 10/24</p>	<p>RX: Recommendations: Isotonic IR/ER Isokinetic IR/ER Prone strengthening exercises Lower trapezius exercises Total arm strength PNF patterns CKC exercises Rhythmic stabilization/perturbation Opposing supersets Begin plyometric exercises with confirmation of bony healing Sport-specific exercises if strength scores 75% or > and/or ER/IR ratio 2/3</p> <p>Testing: 16+ wks Isokinetic IR/ER Test (30/30/30 or 90/90 if overhead athlete/laborer)</p> <hr/> <p>Return to Work/Sport No Pain + Full ROM Isokinetic Test –90% Functional Testing – 90% MD approval 16-20 wks Return to interval throwing program if indicated</p>
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References

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