Rehabilitation Guidelines: Latarjet Protocol

SSC
SPORTS SURGERY CLINIC

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Latarjet (corocoid transfer) is a common stabilisation procedure particularly in the setting of significant bone damage. It offers a robust reconstruction, with low re-dislocation rates and fairly predictable return to play.

These guidelines are designed to aid the therapist treating the patient who had a Latarjet procedure.

Rehabilitation considerations

It will take approx. 6-8 weeks to form an osseous union of the newly reconstructed glenoid, the biceps and coracobrachialis attachment to the coracoid needs to be protected during this initial postoperative period. For this reason, shoulder extension and external rotation range of motion needs to be gradually regained in a protected fashion after surgery.
The subscapularis is split to expose the joint during the Latarjet procedure. This may result in muscle stiffness and inhibition of subscapularis. In the early phase gentle soft tissue massage and inhibitory techniques can be useful to minimise the impact of this. Once strengthening commences it is important to monitor and address any deficits in subscapularis strength.

Phase I (Weeks 0-4)

Goals:

- Protect the integrity of the surgical repair
- Minimise shoulder pain and inflammatory response
- Gradual restoration of passive range of motion
- Enhance scapular stability
- Improve proprioceptive acuity

Rehabilitation

- Sling to be worn generally apart from showering and rehab. If the arm is supported i.e. sitting on a couch or desk the arm can be gently used out of the sling. Arm below elbow can be used e.g. writing, using laptop/phone. Avoid excessive passive range of motion for first 10 days to avoid haematoma formation. Can wean out of sling after 3 weeks if comfortable
- Elbow/wrist/Hand range of motion and grip strengthening

- Begin shoulder passive range of motion; forward flexion to tolerance, abduction in the plane of the scapula to tolerance
- **Avoid** combined abduction / external rotation
- **Avoid** force end range mobilisation especially external rotation
- Closed kinetic chain / proprioceptive exercises
- Cuff facilitation exercises within range outlined
- Scapula mobilisation / facilitation exercises
- Kinetic chain exercises with arm in sling to include thoracic spine rotation
- Heat/Ice before and after PT sessions. Do not force painful motions

Phase II. (Weeks 4-10)

Goals

- Protect integrity of the surgical repair
- Minimise shoulder pain and inflammatory response
- Full functional range of motion
- Cuff recruitment and scapula control
- Wean out of sling
- Begin light active, waist level activities

Rehabilitation

- Discontinue sling immobilisation fully at 4 weeks if comfortable. (wean from 3 weeks)
- Therapeutic Exercise
  - 4-6 weeks: Begin gentle AAROM exercises (supine position
  - 6-10 Weeks: Progress to active exercises using gravity as resistance, shoulder flexion from supine, with trunk flexed to 45° in upright position, to standing. Begin deltoid and biceps strengthening.
  - Initiate balanced strengthening. Exercises should be progressive in terms of intensity, shoulder elevation and stress on anterior joint capsule
    - Scapular stability; retractors and upward rotators
    - Progress kinetic chain integration
    - Isotonic ER / IR at 0 degrees of abduction and scapular plane
    - Incorporate specific subscapularis re-education if required
    - Rhythmical stabilization drills; ER / IR in scapular plane, Flexion / Extension and Abduction / adduction at various angles of elevation
- Modalities per PT discretion, gentle joint mobilisations (grades 1& II) if ROM is significantly less than expected.

- Do not lift objects overhead with the weight of the object going behind the head i.e. keep weight in view in front

Phase III – Strengthening (Weeks 10-16)

Goals

- Normalise strength, endurance, power and neuromuscular control
- Return to chest level full functional activities
- Gradual and planned progressive load to anterior joint capsule
- Restore optimum cuff and scapula control through range and under load

Rehabilitation

- Range of motion -progress to full AROM without discomfort
- Therapeutic Exercise
  - Continue and progress with Phase II exercises
  - Continue with scapular strengthening; PNF with light resistance, serratus punch plus, CKC push up plus (progress from wall, counter, knees on floor, floor)
  - Preparatory and reactive stabilization drills in risk positions
  - Function specific plyo-metrics

Phase IV Overhead activity / return to work and sport (Months 4-6)

Goals

- Regain full range of motion
- Return to full strenuous work and recreational activities

Rehabilitation

- Progress strengthening as tolerated through full range of motion
- Continue shoulder stretching and strengthening at least 4 times per week
- Weight training can gradually resume with caution especially with exercises such as wide grip bench press, triceps dips, pull-downs behind the neck where the arms are repeatedly placed behind patient. Be sure to always see your elbows.
- Review at 4 months check xray to check graft incorporation
- Return to sport at 4-6 months. May initiate interval programme if cleared by surgeon. Incorporate return to play / contact drills.

- If satisfactory progression most athletes return to play by 6 months