



PROCEDURE: LATARJET ANTERIOR CORACOID TRANSFER

Please note: This document is intended to provide guidelines for the postoperative rehabilitation of a patient who had undergone an isolated Latarjet procedure (anterior shoulder stabilization with coracoid transfer). The presence of other repairs would require a different rehabilitation protocol. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation. When available, please refer to the operative note for further subtleties of the anticipated postoperative rehabilitation.

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- Remain in shoulder immobilizer for 4 weeks with immediate elbow, wrist, and finger ROM as tolerated.
- Shoulder pendulums are permitted immediately.
- Shoulder PROM to begin after 1 week with no specific limitations.
- After 4 weeks, shoulder AROM can be initiated.
- After 8 weeks, shoulder strengthening can be initiated.
- After 16 weeks, skill sports can begin and a CT will be performed to confirm bony union of the coracoid transfer.

<u>PHASE I – IMMEDIATE POST SURGICAL (Weeks 1-4):</u>

Goals:

- Protect the surgical repair and allow for bony healing to begin
- Diminish pain and inflammation
- Achieve gradual restoration of PROM

Precautions:

- Remain in sling for 4 weeks, only removing for shoulder, elbow, wrist and finger ROM activities
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress (forward arm flexion)

- Avoid reaching out to grasp objects with the operative hand
- Avoid supporting body weight on the operative arm
- Keep incisions clean and dry

Weeks 1-4:

- Pendulums of the shoulder permitted immediately
- Begin PROM of the shoulder after week 1
- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand without limitation
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep in sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.

<u> PHASE II – RANGE OF MOTION (Weeks 5-8):</u>

Goals:

- Begin shoulder AROM
- Independence with ADL's
- Enhance strength and endurance

Precautions:

- Wean from Sling
- No aggressive ROM / stretching
- No lifting with affected arm (limit a cup or something of similar weight)
- No strengthening activities

Weeks 5-8:

- Continue PROM stretching
- Begin AROM of shoulder \circ Progress to full AROM
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary

<u> PHASE III – EARLY STRENGTHENING (Weeks 9–12):</u>

Goals:

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM

- Normalize muscular strength, stability and endurance
- Gradually progressed activities with ultimate return to full functional activities

Precautions:

- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

PHASE IV – ADVANCED STRENGTHENING (Week 13 - Week 23):

Goals:

- Return of full motion
- Advanced conditioning exercises for shoulder function
- Improve muscular strength, power, and endurance (light weights)
- Gradual return to full functional activities

PHASE V – RETURN TO ACTIVITY (Week 24):

Criteria to return to sports and recreational activities:

- Surgeon clearance pending CT of the shoulder for bony healing
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non-operative shoulder (tested via hand-held dynamometry)



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