

Dr. Stephanie Muh Protocol		
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Latarjet rehab		
Sling Use	<ul style="list-style-type: none"> • Sling 4 weeks • Home pendulums start postop day 1 	
Phase I:	Weeks 1-3	<ul style="list-style-type: none"> • Shoulder immobilizer at all times except shower, dressing, wrist/elbow exercises • No active ROM of shoulder; no lifting with operative shoulder • AROM: Elbow, wrist, hand and scapulothoracic • Start passive ROM <ul style="list-style-type: none"> ○ Forward flexion and elevation to tolerance ○ Abduction in the plane of the scapula to tolerance ○ Internal rotation (IR) to 45 degrees at 30 degrees of abduction ○ External rotation (ER) 0-25 degrees week 1; begin at 30-40 degrees of abduction; respect anterior capsule tissue integrity with ER range of motion. • Scapular clock exercises progressed to scapular isometric exercises • Ball squeezes • Frequent cryotherapy for pain and inflammation • Patient education regarding posture, joint protection, positioning, hygiene, etc.
	Week 3-5	<ul style="list-style-type: none"> • PROM/AAROM: PT manual PROM. Wand exercises initiated with 3 weeks <ul style="list-style-type: none"> ○ Flexion to 135-155, ER goal to 45 deg
Phase II:	Week 5-8	<p>Wean sling during 4th week</p> <ul style="list-style-type: none"> • Continue PROM as before; increase ER 0-90 deg as tolerated • No active movement of shoulder till adequate PROM with good mechanics <ul style="list-style-type: none"> ○ Progress to AA/AROM activities of the shoulder as tolerated with good shoulder mechanics (i.e. minimal to no scapulathoracic substitution with up to 90-110 degrees of elevation.) • PROM/AAROM/AROM: wand and pulley, progress to full ROM by 8 weeks <ul style="list-style-type: none"> ○ Flexion 180 ○ ER to 90 @ 90 abd (do not push past 90 of ER) ○ IR to 70 @ 90 abd • Begin incorporating posterior capsular stretching as indicated • Cross body adduction stretch • Side lying internal rotation stretch (sleeper stretch) • No lifting with affected upper extremity • No excessive external rotation ROM / stretching • Do not perform activities or strengthening exercises that place an excessive load on the anterior capsule of the shoulder joint (i.e. no pushups, pec flys, etc.)

		<ul style="list-style-type: none"> Continued Cryotherapy for pain and inflammation Continued patient education: posture, joint protection, positioning, hygiene, etc. Begin light waist level activities
Phase III:	Week 9-10	<ul style="list-style-type: none"> Begin rhythmic stabilization drills ER/IR in the scapular plane Flexion/extension and abduction/adduction at various angles of elevation Strengthen scapular retractors and upward rotators Initiate balanced AROM / strengthening program <ul style="list-style-type: none"> Initially in low dynamic positions Gain muscular endurance with high repetition of 30-50, low resistance 1-3 lbs) Exercises should be progressive in terms of muscle demand / intensity, shoulder elevation, and stress on the anterior joint capsule Nearly full elevation in the scapula plane should be achieved before beginning elevation in other planes All activities should be pain free and without substitution patterns Exercises should consist of both open and closed chain activities No heavy lifting or plyometrics should be performed at this time Initiate full can scapular plane raises to 90 degrees with good mechanics Initiate ER/IR strengthening using exercise tubing at 0° of abduction (use towel roll) Initiate sidelying ER with towel roll Initiate manual resistance ER supine in scapular plane (light resistance) Initiate prone rowing at 30/45/90 degrees of abduction to neutral arm position Do not perform strengthening or functional activities in a given plan until the patient has near full ROM and strength in that plane of movement Continued cryotherapy for pain and inflammation
Phase IV (strengthening)	Weeks 11-15	<ul style="list-style-type: none"> Do not overstress the anterior capsule with aggressive overhead activities /strengthening Avoid contact sports/activities Continue A/PROM as needed/indicated Initiate biceps curls with light resistance, progress as tolerated Initiate gradually progressed strengthening for pectoralis major and minor; avoid positions that excessively stress the anterior capsule Progress subscapularis strengthening to focus on both upper and lower segments <ul style="list-style-type: none"> Push up plus (wall, counter, knees on the floor, floor) Cross body diagonals with resistive tubing

		<ul style="list-style-type: none"> ○ IR resistive band (0, 45, 90 degrees of abduction) ○ Forward punch
	Weeks 16-20	<ul style="list-style-type: none"> ● Continue stretching and PROM as needed/indicated ● Maintain full non-painful AROM ● Return to full strenuous work activities ● Return to full recreational activities ● Continue to avoid excessive anterior capsule stress ● With weight lifting, avoid tricep dips, wide grip bench press, and no military press or lat pulls behind the head. Be sure to “always see your elbows” ● Do not begin throwing, or overhead athletic moves until 4 months post-op or cleared by MD ● Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness ● Strengthening overhead if ROM and strength below 90 degree elevation is good ● Continue shoulder stretching and strengthening at least four times per week ● Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major) ● Start with relatively light weight and high repetitions (15-25) ● May do pushups as long as the elbows do not flex past 90 degrees ● May initiate plyometrics/interval sports program if appropriate/cleared by PT and MD ● Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions. ● May initiate pre injury level activities/ vigorous sports if appropriate / cleared by MD
Return to activities	<p>Immediately – computer, eating, holding a book at waist, typing, writing</p> <p>4-5 months – return to activities, contact sports</p>	