

Latarjet Procedure

Weeks One To Three	Weeks Three To Six
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ Passive range of motion ➤ Inspect incision for integrity and infection ➤ Assess RTW and sport expectations 	<ul style="list-style-type: none"> ➤ Passive range of motion ➤ Effusion ➤ Inspect incision for integrity and infection
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Discuss frequency and duration of treatment (2x/wk for 12 to 16 weeks is anticipated) ➤ Discuss precautions and sling use (No AROM, sling x 4 weeks) 	<ul style="list-style-type: none"> ➤ Wean from sling at week 4 ➤ Patients should continue to avoid AROM and lifting of the arm until strength allows for proper mechanics ➤ Avoid Anterior directed forces (typically combined ABD/ER) ➤ Educate in avoidance of activity that place stress on shoulder (reaching in back seat of car, throwing, sawing, raking, vacuuming, pull starts)
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Active cervical ROM, shoulder shrugs, scapular retraction, wrist/elbow AROM and gripping are all permitted as tolerated ➤ May perform pendulums or “cradle the baby”, cane assisted IR/ER in open packed position, and table slides. 	<ul style="list-style-type: none"> ➤ Initiate AROM without resistance or compensation week 4 (consider Prone, side-lying, and supine table exercises that limit stress on the biceps, coracobrachialis, and subscapularis) ➤ Continue self ROM activity (pendulums, table slides, cane exs) ➤ Initiate sub maximal isometrics
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ No GH mobilization (underlying issue is lack of stability) ➤ PROM within tolerance (ABD in plane of scapula, IR/ER in open packed position) ➤ ER return is intended to be gradual ➤ May perform mobilization of incision as appropriate 	<ul style="list-style-type: none"> ➤ No GH mobilization (underlying issue is lack of stability) ➤ PROM within tolerance (ABD in plane of scapula, IR/ER in open packed position) ➤ ER return is intended to be gradual ➤ Initiate gentle rhythmic stabilization ➤ Continue mobilization of incision as needed
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any modalities as indicated for reduction of symptoms and effusion 	<ul style="list-style-type: none"> ➤ Any modalities as indicated for reduction of symptoms and effusion
Goals	Goals
<ul style="list-style-type: none"> ➤ Protect the repair ➤ Control pain ➤ Restore passive range of motion ➤ Reduce inflammation ➤ Independence with post operative precautions 	<ul style="list-style-type: none"> ➤ Protect the repair ➤ Control pain ➤ Restore passive range of motion ➤ Initiate controlled AROM

Weeks Six To Ten	Weeks Ten To Sixteen
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Passive ROM and Active range of motion ➤ Compensatory patterns (early scapular migration, winging, substitution) 	<ul style="list-style-type: none"> ➤ AROM ➤ Compensatory patterns (early scapular migration, winging, substitution)
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Educate regarding correction of abnormal movement patterns and posture ➤ Avoid Anterior directed forces (typically combined ABD/ER) <p>Educate in avoidance of activity that place stress on shoulder (reaching in back seat of car, throwing, sawing, raking, vacuuming, pull starts)</p>	<ul style="list-style-type: none"> ➤ Continue education regarding correction of abnormal movement patterns and posture ➤ Avoid Anterior directed forces (typically combined ABD/ER) ➤ Educate in avoidance of activity that place stress on shoulder (reaching in back seat of car, throwing, sawing, raking, vacuuming, pull starts)
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate UBE ➤ Pain free isotonic exercise for periscapular and rotator cuff musculature ➤ Progress self ROM exercises (Wall climbs, pulleys, and gentle IR/ER self stretching) 	<ul style="list-style-type: none"> ➤ Add closed chain proprioceptive exercises ➤ Incorporate trunk stabilization where able (Planking, quadruped activity, partial wall or plinth push-ups avoiding wide hand positions) ➤ Continue isotonic exercise for periscapular and rotator cuff musculature, progressing to shoulder height and above when indicated
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Gentle GH mobilization as indicated ➤ Rhythmic stabilization ➤ PNF 	<ul style="list-style-type: none"> ➤ Gentle GH mobilization as indicated ➤ Rhythmic stabilization ➤ PNF
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any modalities as indicated 	<ul style="list-style-type: none"> ➤ Any modalities as indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Full passive range of motion (Mild ER limitation is acceptable) ➤ No pain with ADL's ➤ Normal incision tissue mobility. 	<ul style="list-style-type: none"> ➤ 4+ / 5 strength throughout ➤ Full AROM without compensatory movement is anticipated by week 12

Weeks Sixteen To Discharge	Precautions And Concerns
Evaluate	<p>The intent of a Latarjet procedure is to restore anterior stability to the glenohumeral joint. This procedure is often warranted in cases where there is loss of glenoid bone due to trauma, recurrent dislocation, or congenital factors. In cases where there is significant glenoid loss, Bankart and other capsular procedures become ineffective.</p> <p>Latarjet involves osteotomizing the distal aspect of the coracoid and attaching it with screws to the anterior/inferior aspect of the glenoid. In order to perform this procedure, the pectoralis minor and coracoacromial ligament attachments are typically divided, and the subscapularis muscle will typically be split along its length. Most importantly, the biceps and coracobrachialis tendons retain their original attachment on the coracoid which has been moved to the anterior/inferior aspect of the glenoid. This relationship allows the biceps, and coracobrachialis to function as the inferior glenohumeral ligament would have originally. The “sling” effect of the (IGHL) is restored, giving anterior stability when the arm is abducted and externally rotated.</p> <p>Early post-operative therapy must protect the subscapularis, and the bony union of the coracoid to the glenoid. Since the biceps and the coracobrachialis remain attached to the new bony union, stretching and activation of these groups must be controlled in early therapy. During the strengthening phase, biceps and coracobrachialis strengthening should be addressed specifically. Avoid aggressive shoulder extension and combined extension with external rotation in early therapy. Passive external rotation should be performed in the open packed position, and we should strive for gradual return of this motion. A portion of this population may be left with slightly less external rotation. Bear in mind, most of these patients had excessive external rotation over a prolonged timeframe, and “normal” will often feel tight to them.</p>
<ul style="list-style-type: none"> ➤ Any deficits that may limit return to work or sport goals ➤ HEP compliance 	
Patient Education	
<ul style="list-style-type: none"> ➤ Encourage participation in the CFA ➤ Throwing and overhead athletics are not to be completed until 4 months post-op and only with physician approval ➤ Consider long term avoidance of wide grip bench press, military press and lat pull downs behind the head 	
Therapeutic Exercise	
<ul style="list-style-type: none"> ➤ Continue isotonic exercise for periscapular and rotator cuff musculature, progressing to shoulder height and above ➤ Progress closed chain activities ➤ Continue with self stretches as needed ➤ Establish independent HEP to include strengthening of periscapular and rotator cuff musculature, closed chain activity, self stretches, and trunk stabilization 	
Manual Techniques	
<ul style="list-style-type: none"> ➤ Any techniques as indicated 	
Modalities	
<ul style="list-style-type: none"> ➤ Any modalities as indicated 	
Goals	
<ul style="list-style-type: none"> ➤ Normal strength ➤ Return to work or sport ➤ Independence with HEP 	