

## LATARJET SHOULDER POST OPERATIVE REHABILITATION PROTOCOL



### EARLY POSTOP PHASE (1-3 Weeks)

Minimise Pain	<ul style="list-style-type: none"> <li>• Regular analgesia</li> <li>• sling education.</li> </ul>
Manage Swelling	<ul style="list-style-type: none"> <li>• Advise on ice</li> <li>• Resting positions</li> </ul>
Maintain ROM at the C-spine, elbow, wrist and hand ROM at the shoulder – strict protocol to follow	<ul style="list-style-type: none"> <li>• Teach ROM exercises and stretches for the Csp</li> <li>• Active elbow flexion and extension. No limitations with pro/supination.</li> <li>• Active wrist flexion and extension</li> <li>• Grip exercises – ball in donjoy</li> <li>• Scapular setting exercises</li> <li>• Passive ER of the shoulder to neutral only.</li> </ul>
Advise and educate on axillary hygiene and sling don/doffing	<ul style="list-style-type: none"> <li>• Keep sling on at all times except when exercising.</li> <li>• Sleep with sling on, rolled up towel under elbow to prevent hyperextension.</li> <li>• Washing axilla with arm supported on table and abducted.</li> <li>• No lifting with operated upper limb.</li> <li>• <b>No active use of operated upper limb.</b></li> </ul>
Patient education	<ul style="list-style-type: none"> <li>• Advise on operative procedure and anatomy of the shoulder.</li> <li>• Educate on tissue healing stages.</li> <li>• Teach postural awareness – scap positioning in neutral, relaxation of the shoulder girdle, Csp Rom.</li> </ul>

### Intermediate PHASE 2 (3-6 weeks)

Remove the sling at 4 weeks post op.	<ul style="list-style-type: none"> <li>Remove brace at 4 weeks post op if no complications post operatively.</li> </ul>
Progress Shoulder <b>Active Assisted</b> exercises	<ul style="list-style-type: none"> <li>Gentle pendular ROM exercises of the GHJ</li> <li>Active assisted GHJ flexion 90 degrees</li> <li>Active assisted GHJ external rotation to neutral and IR to abdomen.</li> <li><b>No combined ER and abduction.</b></li> <li>Avoid passive stretch of ER beyond 30 degrees or past end feel.</li> </ul>
Address scapulo-thoracic and trunk mobility limitations	<ul style="list-style-type: none"> <li>Continue with scapular setting exercises.</li> <li>Trunk rotations – Tsp</li> <li>Lsp mobility</li> <li>Continue to monitor elbow, wrist, hand and ensure no secondary complications.</li> </ul>
WORK	<ul style="list-style-type: none"> <li>May begin sedentary work after 2 weeks.</li> <li>May use the arm <b>below shoulder level height</b> functionally. Must <b>not lift</b> any weight with the arm greater than a pint of milk.</li> </ul>
Isometric strengthening	<ul style="list-style-type: none"> <li>- Begin Isometric cuff strengthening.</li> <li>- No through range strengthening.</li> </ul>

### PHASE 3 (6-12 weeks)

Begin active shoulder ROM as pain allows	<ul style="list-style-type: none"> <li>Can progress shoulder AROM within all planes of movement as pain allows.</li> <li>Ensure good rotator cuff control. Watch out for compensation from pec major and lat dorsi with altered patterns of movement.</li> <li>Ensure good scapulo-thoracic movement/rhythm.</li> <li>If altered/compensated movement patterns return to active assisted ROM.</li> <li>Begin active abduction. Ensure no abnormal movement patterns and good eccentric control of movement on descent of the arm.</li> <li>Continue no combined abduction and ER</li> </ul>
Function	<ul style="list-style-type: none"> <li>- Continue to use the arm functionally</li> <li>- Continue to avoid overhead activity.</li> <li>- Avoid heavy lifting</li> </ul>
Work	<ul style="list-style-type: none"> <li>- May return to normal occupational light work at 8-10 weeks.</li> </ul>

Driving	<ul style="list-style-type: none"> <li>• May begin driving 8-10 weeks post operatively</li> <li>• Patient recovery specific</li> <li>• To discuss individual cases with insurer.</li> </ul>
Sports	<ul style="list-style-type: none"> <li>• Running 10-12 weeks</li> </ul>

Milestones to achieve after 12 weeks:

- Pain well controlled and not limiting activity.
- Full pain free AROM with no compensatory movement patterns.

#### PHASE 4 (12-20 weeks)

Increase strength and endurance of the shoulder	<ul style="list-style-type: none"> <li>• Begin to strengthen the shoulder through ranges of movement.</li> <li>• Emphasis placed on <b>control</b> of movement patterns.</li> <li>• Begin to Overhead activity</li> <li>• Light resistance work</li> <li>• Consider a referral to shoulder class at this point in rehab.</li> </ul>
Advanced proprioceptive rehabilitation.	<ul style="list-style-type: none"> <li>• Rotational control through range.</li> <li>• Balance and kinetic chain work.</li> </ul>
MANUAL WORK	<ul style="list-style-type: none"> <li>• May begin after 4-6 months post operatively.</li> </ul>
SPORTS	<ul style="list-style-type: none"> <li>• May begin to consider non-contact sports after 3 months, discuss first with physiotherapist.</li> <li>• Swimming can begin after 12 weeks – breaststroke.</li> <li>• Throwing activity after 4 months</li> <li>• Contact sports after 6-8 months, to discuss with physiotherapist prior to undertaking.</li> </ul>

\*\* Ongoing improvements will continue up to one year post op.

\*\* Remember not to teach any exercises that increase pain, cause apprehension or promote abnormal muscle patterns. If this occurs – need to return to previous stage of rehabilitation.

\*\* Every patient will be different. This protocol is to be used as a GUIDE for rehabilitation. Please use own clinical reasoning and progress a patient as clinically indicated/appropriate. Do not rush rehabilitation process.