

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

**PHYSICAL THERAPY PROTOCOL
LATARJET/OPEN BONE BLOCK PROCEDURE**

Procedure	Date of Surgery: _____ R L B/L Open Anterior Stabilization with [] Coracoid Transfer [] Distal Tibial Allograft [] w/ Subscapular Split approach [] w/ Subscapularis tenotomy Additional Procedures: _____	<p style="text-align: center;">PLAN</p> <p style="text-align: center;">Physical Therapy for R L B/L Shoulder</p> <p style="text-align: center;">2-3x Per Week x 12 Weeks</p>
General Guidelines	<p>The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course of a patient that has undergone a Latarjet procedure for anterior stabilization. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requires assistance in the progression of a postoperative patient they should consult with the referring Surgeon.</p> <p>Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.</p>	
PHASE I (Weeks 1-3) Immediate Post-Surgical Phase	GOALS <ul style="list-style-type: none"> • Minimize shoulder pain and inflammatory response • Protect the integrity of the surgical repair • Achieve gradual restoration of passive range of motion (PROM) • Enhance/ensure adequate scapular function TREATMENT RECOMMENDATIONS	PRECAUTIONS/ PATIENT EDUCATION <ul style="list-style-type: none"> • No active ROM (AROM) of the operative shoulder • No excessive external rotation range of motion (ROM) / stretching. Stop at first end feel felt. • Remain in sling, only removing for showering, resting in chair and home exercise. Shower with arm held at side • No lifting of objects with operative shoulder

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

	<ul style="list-style-type: none"> • Arm in sling except when performing distal upper extremity exercises • (PROM)/Active-Assisted Range of Motion (AAROM)/ (AROM) elbow and wrist/hand • Begin shoulder PROM (do not force any painful motion) • 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) in the plane of the scapula from 0-25 degrees; begin at 30-40 degrees of abduction; <ul style="list-style-type: none"> ○ Respect anterior capsule tissue integrity with ER range of motion; (seek guidance from intraoperative measurements of ER ROM) • Scapular clock exercises progressed to scapular isometric exercises • Ball squeezes • Frequent cryotherapy for pain and inflammation 	<ul style="list-style-type: none"> • Keep incisions clean and dry • Patient education regarding limited use of upper extremity despite the potential lack of or minimal pain or other symptoms • Sleep with sling supporting operative shoulder, place a towel under the elbow to prevent shoulder hyperextension • Patient education regarding posture, joint protection, positioning, hygiene, etc. <p>MILESTONES TO PROGRESS TO PHASE II</p> <ul style="list-style-type: none"> • Appropriate healing of the surgical repair • Adherence to the precautions and immobilization guidelines • Achieved at least 100 degrees of passive forward elevation and 30 degrees of passive external rotation at 20 degrees abduction • Completion of phase I activities without pain or difficulty
--	--	--

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

PHASE II

(Week 4-9)

Intermediate
Phase/ROM

GOALS:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Achieve gradual restoration of (AROM)
- Start weaning sling after week 3 (completely out of sling by week 5).
- Begin light waist level activities

TREATMENT RECOMMENDATIONS

Early Phase II (approximately week 4):

- Progress shoulder PROM (do not force any painful motion)
- Forward flexion and elevation to tolerance
- Abduction in the plane of the scapula to tolerance
- IR to 45 degrees at 30 degrees of abduction
- ER to 0-45 degrees; begin at 30-40 degrees of abduction;
 - Respect anterior capsule tissue integrity with ER range of motion; seek guidance from intraoperative measurements of external rotation ROM)
- Glenohumeral joint mobilizations as indicated (Grade I, II) when ROM is significantly less than expected.
 - Mobilizations should be done in directions of limited motion and only until adequate ROM is gained.
- Address scapulothoracic and trunk mobility limitations.
- Scapulothoracic and thoracic spine joint mobilizations as indicated (Grade I, II, III) when ROM is significantly less than expected.

PRECAUTIONS

- No active movement of shoulder till adequate PROM with good mechanics
- 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 flies, etc..)
- Do not perform scaption with internal rotation (empty can) during any stage of rehabilitation due to the possibility of impingement

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

- Mobilizations should be done in directions of limited and only until adequate ROM is gained.
 - Begin incorporating posterior capsular stretching as indicated
 - Cross body adduction stretch
 - Side lying internal rotation stretch (sleeper stretch)
 - Continued Cryotherapy for pain and inflammation
 - Continued patient education: posture, joint protection, positioning, hygiene, etc.
- Late Phase II (approximately Week 6):**
- Progress shoulder PROM (do not force any painful motion)
 - Forward flexion, elevation, and abduction in the plane of the scapula to tolerance
 - IR as tolerated at multiple angles of abduction
 - ER to tolerance; progress to multiple angles of abduction once ≥ 35 degrees at 0-40 degrees of abduction
 - Glenohumeral and scapulothoracic joint mobilizations as indicated (Grade I-IV as appropriate)
 - 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.)
 - Begin rhythmic stabilization drills
 - ER/IR in the scapular plane
 - Flexion/extension and abduction/adduction at various angles of elevation
 - Continue AROM elbow, wrist, and hand
 - Strengthen scapular retractors and upward rotators

- MILESTONES TO PROGRESS TO PHASE III**
- Passive forward elevation at least 155 degrees
 - Passive external rotation within 8-10 degrees of contralateral side at 20 degrees abduction
 - Passive external rotation at least 75 degrees at 90 degrees abduction
 - Active forward elevation at least 145 degrees with good mechanics
 - Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities
 - Completion of phase II activities without pain or difficulty

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

- Initiate balanced AROM / strengthening program
 - 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
- Continued cryotherapy for pain and inflammation
- Continued patient education: posture, joint protection, positioning, hygiene, etc.

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

PHASE III
(Week 10 –
Week 15)
Strengthening
Phase

Goals:

- Normalize strength, endurance, neuromuscular control
- Return to chest level full functional activities
- Gradual and planned buildup of stress to anterior joint capsule

TREATMENT RECOMMENDATIONS

- 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
 - Push up plus (wall, counter, knees on the floor, floor)
 - Cross body diagonals with resistive tubing
 - IR resistive band (0, 45, 90 degrees of abduction)
 - Forward punch

PRECAUTIONS

- Do not overstress the anterior capsule with aggressive overhead activities/ strengthening
- Avoid contact sports/activities
- 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
- Patient education regarding a gradual increase to shoulder activities

MILESTONES TO PROGRESS TO PHASE IV

- Passive forward elevation WNL
- Passive ER at all angles of abduction WNL
- Active forward elevation WNL with good mechanics
- Appropriate rotator cuff and scapular muscular performance for chest level activities
- Completion of phase III activities without pain or difficulty

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903

PHASE IV
(Week 16-20)
Overhead
Activities Phase
/ Return to
Activity Phase

GOALS

- Continue stretching and PROM as needed/indicated
- Maintain full non-painful AROM
- Return to full strenuous work activities
- Return to full recreational activities

TREATMENT RECOMMENDATIONS

- Continue all exercises listed above
- 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

PRECAUTIONS

- 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

MILESTONES TO RETURN TO OVERHEAD WORK AND SPORT ACTIVITIES:

- Clearance from MD
- No complaints of pain or instability
- Adequate ROM for task completion
- Full strength and endurance of rotator cuff and scapular musculature for task completion Regular completion of continued home exercise program

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery
HSS-Brooklyn
148 39th St, 7th Fl.
Brooklyn, NY 11232

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GOsportsmed.com

Tel: 212.606.1403

Fax: 917.260.4903