Latarjet Coracoid Transfer Protocol

**Stage I (0-4 weeks):**

Key Goals:

- Protect the newly repaired shoulder.
- Allow for decreased inflammation and healing.
- Maintain elbow, wrist and hand function.
- Maintain scapular control.

1. Immobilizer use:
   a. The immobilizer will be placed on patient’s shoulder in surgery.
   b. The patient may remove the immobilizer for dressing and hygiene.
   c. The patient should wear the immobilizer for six weeks.

2. Restrictions:
   a. No shoulder elevation or external rotation.
      i. The capsular repair is stressed with movement into external rotation. Since the repair is performed with the shoulder in a neutral position external rotation must be limited for six weeks following the repair.
   b. When arm is out of the immobilizer, forearm needs to stay away from the abdomen. The hand should remain with “thumb up” and in the plane of the brace.
   c. Acceleration of rehabilitation for “fast healers” may reduce results and lead to long-term problems.

3. Exercises:
   a. Pendulum exercises.
   b. Active assistive range of motion of the involved elbow, wrist and hand in the plane of the body. The patient may progress to active range of motion as comfort improves.
   c. Scapular control exercises (Immobilizer on)
   d. Core training(Immobilizer on)
Stage II (5-15 weeks):

Key Goals:
- Full active elevation at 12 weeks from surgery.
- Surgical shoulder internal rotation of 80% of uninvolved shoulder.
- Normal scapular mechanics 12 weeks from surgery.
  - Scapular mechanics should be evaluated on a regular basis.
- Normal scapular stabilizer, rotator cuff and core strength at 16 weeks from surgery.

1. **Weeks 5-6:**
   a. Brace use:
      i. Immobilizer will be used full-time for six weeks post-op.

   b. Range of motion:
      i. Internal rotation:
         1. Passive only
         2. **No active internal rotation for 6 weeks after surgery**
      
         ii. External rotation:
            1. Passive to active assist – limited to 30 degrees
               a. Begin in supine with scapula stabilized, and progress to other postures as tolerated.
         
         iii. Flexion/Scaption/Abduction:
            1. Passive to active assistive to active range of motion as able.
               a. Supine with scapula stabilized.

   c. Balance training:

   d. Strengthening (4 weeks):
      i. Isometric shoulder strengthening.
      
         ii. Core training.

2. **Weeks 7-8:**

   - **Warning:** No soreness with rotator cuff strengthening.
   - **The program must be modified to avoid cuff aggravation.**
     a. Balance training.
b. Range of motion:
   i. May begin active assist internal rotation and progress to active
      internal rotation.
   ii. Progress external rotation. Active assist to active external
       rotation. Goal is symmetric external rotation by week 12.

iii. **Scapular mechanics need to be functioning properly and if not
     need to be addressed.**

iv. Hip mobility:
   1. Deficits should be addressed in preparation for eventual
      return to throw program.

c. Strengthening:
   i. Scapular mechanics.
      1. Lower and middle trapezius strengthening should be an
         integral part of the rehab program to assure proper
         scapular mechanics.
   ii. Forearm strengthening.
   iii. Rotator cuff strengthening.
   iv. Core training.

3. **Week 12:**
   a. **Testing:**
      i. Full pain free active range of motion for elevation and internal
         rotation.

      ii. A 20 degree difference in shoulder internal rotation is acceptable.

      iii. Normal scapular mechanics.

      iv. TROM is within 10 degrees of other side.
         1. TROM should be within 5 degrees or less by 16 weeks.

      v. Squat screen.

      vi. Hurdle step screen.

      vii. Shoulder mobility screen.

      viii. Hand held dynamometer:
         1. 0 degrees with arm at side IR and ER.
         2. Seated IR and ER at 90 degrees of abduction and 45
            degrees of external rotation.
3. ER/IR=65%

**Warning:**
- Any deficits in mobility, stability, or scapular mechanics need to be addressed now prior to beginning return to throw program at 20 weeks.

b. Range of motion:
  - Any flexibility deficits need to be addressed before return to program begins at 16 weeks.
    1. See above testing.
    2. *Begin sleeper stretch.*

c. Strengthening:
  - Scapular stabilizer.
  - Rotator cuff.
  - Plyometric training
    - Upper extremity.
    - Lower extremity.
  - Core training.
  - Endurance training.

**Stage III (Weeks 20-26)**

Initiation of Interval Sport Program for Baseball, Tennis, and Golf:

- Return-to-sport activities after injury that include attention to the entire body.
- A gradual progression of applied forces to lessen the chance of re-injury.
- Proper warm-up and maintenance exercises.
- Proper biomechanics to minimize the chance of re-injury.
- Variability is based on each athlete’s skill, level, goals and injury.
- Program needs to be followed rigidly. Some athletes will try and rush through the plan.
  - No skipping of steps is allowed.
  - Patient must demonstrate successful completion of each step.
- Program should be supplemented with a high-repetition, low intensity weight training program focusing on the posterior rotator cuff and scapular musculature.
- Outcome measures:
  - PSFS: Patient specific functional scale.
  - Quick Dash: Quick disabilities of the arm, shoulder and hand score.

1. Basic menu of program:
a. Warm-up.
b. Stretch.
c. 1 set of each exercise prior to ISP.
d. ISP.
e. 2 sets of each exercise.
f. Cryotherapy.