

## OPEN LATARJET FOR ANTERIOR STABILIZATION CLINICAL PRACTICE GUIDELINE

### Disclaimer

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

### Post-operative care after open anterior shoulder stabilization:

- Attaching the harvested anterior coracoid to the deficient part of the anterior glenoid.
- Collaboration between therapists and surgeons.
- Therapists should review the operative note for clarity on the procedure.
- **Rehabilitation progression:** depends on time, specific criteria, and patient and clinician assessments.

### Risk Factors

- Excessive joint laxity
- Exceeding recommended ROM goals
- History of instability
- Comorbidities, including connective tissue disorders

### Precautions

- Limit ER to 30° for 6 weeks.
- **For 6-8 weeks:** Restrict active biceps AROM due to coracobrachialis and biceps attachment.
- **For 6-8 weeks:** Avoid extension behind the body.
- **For 12 weeks:** Avoid heavy bicep exercises.
- Progress ROM based on patient tolerance.
- **At 10-12 weeks:** Begin jogging depending on patient and physician clearance.
- **In 5-6 months:** Return to non-contact sports; 6 months minimum for contact sports and climbing.
- **Around 4 month:** Start throwing program.
- **At 9 months:** With game return.

- Refer to surgeon for positive apprehension testing
- **Until 6 months:** Avoid Olympic lifting or bar bench press.

### Manual Therapy

- Limit passive ROM as per guidelines
- Use soft tissue mobilization based on clinical judgment
- Follow guideline for joint mobilizations to reduce pain and improve mobility

### Corrective Interventions

- Implement therapeutic exercises to enhance rotator cuff and periscapular strength
- Conduct neuromuscular re-education for improved joint stability and proprioception
- Utilize therapeutic activities to enhance ADL and leisure activities
- Administer manual techniques (PROM, AAROM, AROM) to restore normal ROM per guidelines
- Apply modalities for pain and swelling management

### Outcome Testing

#### Questionnaire:

- Disability of Arm, Shoulder, and Hand (DASH) Questionnaire
- Kerlan-Jobe Orthopaedic Clinic (KJOC) Questionnaire

### Criteria for Discharge with Return to Sport (9-24 months)

- Achieve full AROM suitable for the patient
- Attain 5/5 MMT for shoulder and scapular strength
- Demonstrate no substitution patterns
- Independently manage home exercise program as needed
- Report low pain scores
- Resume full abilities with ADLs
- Start and guide return to sport phase

If the subscapularis was taken down and repaired during surgery, it's crucial for the therapist to know this. Contact the referring surgeon for the operative note.

### Precautions for 6 weeks

- Avoid external rotation beyond 30 degrees

- Avoid cross body adduction
- Avoid active internal rotation or internal rotation behind the back
- Do not support body weight with the affected side (e.g., pushing up from a chair)

If the subscapularis was split during surgery, follow the above precautions except resisted internal rotation may begin at 4 weeks.

<b>Phase I: Protection (Post Surgical – 0-6 weeks)</b>	
<b>Goals</b>	<ul style="list-style-type: none"> <li>➤ Protect surgical repair (capsule, ligaments, labrum, sutures)</li> <li>➤ Gradually achieve ROM goals without exceeding limits</li> <li>➤ Educate patient on post-op restrictions and posture</li> <li>➤ Minimize shoulder pain and inflammation</li> <li>➤ Ensure proper scapular function</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>➤ Use sling for 6 weeks (confirm with physician), including during sleep</li> </ul>
<b>ROM Goals by week 3</b>	<ul style="list-style-type: none"> <li>➤ Limit all ROM to first end feel</li> <li>➤ Forward elevation up to 90 degrees</li> <li>➤ Scapular plane external rotation limited to 20 degrees</li> <li>➤ Avoid abduction and internal rotation</li> <li>➤ Elbow/wrist/hand ROM as tolerated</li> </ul>
<b>Weeks 4 to 6</b>	<ul style="list-style-type: none"> <li>➤ Forward elevation limited to 135 degrees</li> <li>➤ Internal rotation to 50 degrees</li> <li>➤ Abduction to 115 degrees</li> <li>➤ Scapular plane external rotation to 30 degrees</li> <li>➤ External rotation at 90 degrees abduction to 30 degrees</li> </ul>
<b>Start AAROM</b>	<ul style="list-style-type: none"> <li>➤ Cane and wall walks limited to 135 degrees</li> <li>➤ Pendulum exercises</li> <li>➤ Begin at week 4, limited to 115 degrees flexion</li> </ul>
<b>Strengthening</b>	<ul style="list-style-type: none"> <li>➤ Start submaximal isometrics (ER, Abduction, Flexion, Extension to hip)</li> <li>➤ Scapular stabilization (scapular clocks)</li> <li>➤ External rotation with light theraband at 30 degrees abduction (within ROM limits)</li> </ul>

<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Ensure proper healing of surgical repair by following precautions and immobilization guidelines</li> <li>2. Achieve staged ROM goals without overexertion</li> <li>3. Experience minimal to no pain during ROM</li> </ol>
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**Phase II: Intermediate Phase (Weeks 7 to 12)**

<b>Goals</b>	<ul style="list-style-type: none"> <li>➤ Achieve staged ROM goals to normalize PROM and AROM without significant exceeding</li> <li>➤ Minimize shoulder pain</li> <li>➤ Begin increasing strength and endurance</li> <li>➤ Increase functional activities</li> </ul>
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**Week 7-9**

<b>PROM Goals by week 9</b>	<ul style="list-style-type: none"> <li>➤ Perform joint mobilizations, focusing on posterior mobility</li> <li>➤ Forward elevation up to 155 degrees</li> <li>➤ Internal rotation at 90 degrees abduction to 60 degrees by week 8-9</li> <li>➤ External rotation at 20 degrees abduction to 60 degrees</li> <li>➤ External rotation at 90 degrees abduction to 75 degrees</li> </ul>
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<b>ROM Goals by week 9</b>	<ul style="list-style-type: none"> <li>➤ Elevate to 145 degrees</li> </ul>
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<b>Strengthening</b>	<ul style="list-style-type: none"> <li>➤ Begin light UBE</li> <li>➤ Perform PREs for scapular stabilizers (rows, shoulder extension, scapular retraction) with low load, high repetition (12-15 reps)</li> <li>➤ Use dynamic resistance with PNF patterns and manual techniques</li> <li>➤ Strengthen elbow extension with light weight/high reps</li> <li>➤ Initiate CKC exercises with table/wall weight shifts, keeping hands shoulder-width or closer</li> <li>➤ Begin jogging with physician clearance</li> </ul>
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**Week 10-12**

<b>PROM</b>	Within normal limits in all planes
<b>AROM</b>	Elevate within normal limits

<b>Strengthening</b>	<ul style="list-style-type: none"> <li>➤ Progress PREs in all planes using progressive weight and high repetitions</li> <li>➤ Perform rhythmic stabilization exercises (e.g., prone medicine ball eccentric drops, free throws, ball taps)</li> <li>➤ Advance CKC exercises while maintaining hands shoulder-width or closer</li> </ul>
<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Achieve staged AROM goals with minimal to no pain and without substitution patterns</li> <li>2. Maintain proper scapular posture at rest and dynamic control during ROM and strengthening</li> <li>3. Complete strengthening activities with minimal to no pain</li> </ol>

### Phase III: Advanced Activity Phase (Weeks 12-20)

<b>Goals</b>	<ul style="list-style-type: none"> <li>➤ Normalize strength, endurance, neuromuscular control, and power</li> <li>➤ Gradually build stress on anterior capsulolabral tissues</li> <li>➤ Gradually return to full ADLs, work, and recreational activities</li> </ul>
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#### Weeks 12 to 16 ROM

<ul style="list-style-type: none"> <li>➤ Perform terminal external rotation stretches at 12 weeks</li> <li>➤ Self-administer capsular stretches, AROM, and passive stretching as needed</li> </ul>
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<b>Strengthening</b>	<ul style="list-style-type: none"> <li>➤ Advance to isotonics</li> <li>➤ Start elbow flexion strengthening</li> <li>➤ Initiate plyometrics (e.g., two-handed drills like chest pass)</li> <li>➤ Practice ball catch/toss at 90 degrees abduction</li> <li>➤ Begin dumbbell pec exercises with reduced motion in horizontal abduction (up to 45 degrees)</li> <li>➤ Begin light resistance training, avoiding military press, pull-ups, behind-head pull-downs, and overhead tricep extensions</li> <li>➤ Maintain elbow at or in front of midline to reduce anterior shoulder stress</li> </ul>
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### Phase IV: Return to Sport/Activity (Weeks 16-20)

<b>ROM</b>	Begin more aggressive stretching techniques
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<b>Strengthening</b>	<ul style="list-style-type: none"><li>➤ Start overhead PREs, avoiding behind midline of body</li><li>➤ Initiate light toss or volley (consult return to throwing program)</li><li>➤ Continue specific training program</li><li>➤ Return to full activity</li></ul>
<b>Goals to Progress to Return to Sport</b>	<ol style="list-style-type: none"><li>1. Progress functional activities toward return to activity or sport</li><li>2. Enhance neuromuscular control</li><li>3. Improve strength, power, and endurance</li><li>4. Achieve muscular strength at least 80% of contralateral side</li><li>5. Attain full functional ROM</li><li>6. Achieve 5/5 scapular and rotator cuff strength</li></ol>