CRYSTAL CLINIC ORTHOPAEDIC CENTER

Anterior Shoulder Stabilization Procedure (Labrum repair/latarjet ect)
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**** Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients** if there are any questions don't hesitate to contact, myself or my team**

**Progression through this guideline is time dependent on soft tissue healing as well as criterion-based concerning patient demographics and clinical assessment. Please refer to the surgical note for information regarding each procedure.

Remplissage Guidelines: Arthroscopic procedure used to "fill-in" a Hill-Sachs lesion with the posterior capsule and infraspinatus. This procedure should be treated like small posterior rotator cuff repair
repair

- No active external rotation strengthening for 8 weeks, can work on active ROM 6 weeks
- No internal rotation or cross-body stretching for 6 weeks
- No pushing motions

Latarjet Guidelines: This is an open procedure used to treat recurrent shoulder dislocations that are a consequence of bone loss and/or a fracture of the glenoid. The coracoid is used as a bony block on the glenoid and the conjoint tendon and lower subscapularis are used as a sling to counteract ligamentous instability.

- Review surgical protocol and determine if the subscapularis is split or taken down See subscapularis precautions if taken down. **(typically it is split unless specified and subscapularis precautions do NOT need followed)**
- No anterior joint mobilizations
- Joint mobilizations above a grade 1 can start at week 6
- It is common to lose terminal ER even toward the end of rehab (never force this motion)

Subscapularis Precautions: Please refer to if repair of subscapularis performed

- No ER past 30 degrees for 6 weeks
- No cross-body adduction for 6 weeks
- No active IR or IR behind the back for 6-8 weeks
- No weight bearing through UE or supporting arm for 6-8 weeks

Weeks 0-4 (no PT)
Use of sling for 4 weeks – work on pendulums, elbow, wrist and hand ROM, PT to start after 4 weeks

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Phase 1: Protection (4-7 weeks)
GOALS:
- Maximally protect the surgical repair (capsule, ligaments, labrum, suture anchors)
- Achieve staged ROM goals- do NOT significantly exceed
- Patient education on postoperative restrictions
- Minimize shoulder pain & inflammatory response
- Ensure adequate scapular function

PRECAUTIONS:
- **Sling use for 4 weeks including sleeping – DO NOT START PT until PO week 4**
- Limit use of UE, stay within staged ROM goals, and avoid lifting with arm.

Phase 2: Intermediate (7-12 weeks)
GOALS:
- Achieve staged ROM goals- do NOT significantly exceed
- Minimize shoulder pain
- Begin to increase strength & endurance
- Increase functional activities

PRECAUTIONS:
- Do not perform stretching beyond staged ROM
- Avoid terminal ER stretching at 90 degrees abd unless significant tightness present
- Do not perform strengthening that places a large load in the position of horizontal abduction and ER
- Do not perform scaption with internal rotation (empty can position)

Phase 3: Advanced Activity (12-16+ weeks)
GOALS:
- Normalize strength, endurance, neuromuscular control, and power
- Gradual and planned build-up of stress to anterior capsulolabral tissues
- Gradual return to full ADLs, work, and recreation

PRECAUTIONS:
- Do not increase stress to shoulder in a short period or uncontrolled manner
- Do not progress into activity-specific training until full ROM and strength are achieved
- Avoid weight lifting exercises that place stress to anterior capsule (e.g. lat pulldowns behind the head, tricep dips)
- If patient does not perform velocity dependent tasks during work/sport/ADLs do not perform plyometrics

CRITERIA FOR PLYOMETRIC TRAINING

1. Adequate strength of scapular stabilizers & rotator cuff: MMT 4+/5 (70-80% bilateral comparison with handheld dynamometer)
2. Involved extremity ER to IR ratio >66% (isokinetic or handheld dynamometry testing)
3. Pain-free ADLs and with previous strengthening
4. Minimum 3 weeks of multi-plane activity at increased speed of movement

MILESTONES TO INITIATE INTERVAL PROGRESSION PROGRAMS (e.g. throwing)

1. Muscular strength >80% bilateral comparison for rotator cuff & scapular stabilizers
2. Involved extremity ER to IR ratio >75% (isokinetic or handheld dynamometry testing)
3. Full functional ROM with appropriate scapulohumeral rhythm (overhead athlete see appendix)
4. Able to complete an UE plyometric progression program