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Latarjet Procedure

Physical Therapy Protocol

General Considerations

Surgical Overview

The Latarjet procedure addresses recurrent anterior shoulder instability by transferring the coracoid process to the anterior glenoid, providing a sling effect and bony support. Recovery is staged and based on tissue healing, joint mobility, and performance goals.

Timing of Progression

Progression may vary depending on:

- Degree of instability or laxity
- Size and chronicity of injury
- Quality of soft tissue and bony integrity
- Duration of pre-op immobilization
- ROM/strength at surgery
- Activity or sport-specific demands

Immobilization Guidelines

• Sling: Use for 3 weeks, full-time including sleep.

Range of Motion Restrictions

- Week 2 Onward: Initiate gentle Flexion/Abduction as tolerated
- External Rotation (ER):
 - o Limit to **30°** until week 4
 - Progress to 45° by week 6

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- Internal Rotation (IR):
 - o Limit to **45°** until week 6
- Motion Initiation:
 - Begin ER/IR in scapular plane at 30° abduction

Activity Restrictions

- No resisted exercises in early phase
- Avoid overhead or sport-specific movement until cleared
- Focus on pain-free ROM and muscle activation

Return to Activities

Activity	Timeline
Weight Training	16 weeks
Skiing	16 weeks
Golf (Chip & Putt)	8 weeks
Golf (Full Swing)	12 weeks
Tennis	16 weeks
Contact Sports	5 months

Phase I – Protection & Early Motion (Weeks 1–3)

Goals:

- Protect surgical repair
- Minimize pain and inflammation
- Initiate passive motion within limits
- Begin gentle scapular and distal mobility

Weeks 1-2 (Home Exercises Only):

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- Pendulums
- Elbow, wrist, hand AROM
- Scapular retraction, scapular clock (no resistance)

Week 3 (Initiate PT):

• Begin passive ROM within surgical limits

Phase II – Controlled Range of Motion (Weeks 4–9)

Goals:

- Regain passive and active ROM
- Wean from sling
- Begin light muscle activation

Weeks 4–6:

- Discontinue sling
- Progress passive ROM (within limits)

Weeks 7–9:

- Progress to AA/AROM
- Gentle pain-free isometrics (all directions)
- Initiate rhythmic stabilization
- Begin light scapular and rotator cuff strengthening

Phase III – Strengthening Phase (Weeks 10–15)

Goals:

- Restore functional strength
- Normalize neuromuscular control
- Improve shoulder stability

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Exercises:

- Progressive resistance exercises (bands/light weights):
 - Rotator Cuff: Abduction, Forward Flexion, Scaption, ER/IR at 0°
 - **Scapular:** Rows, Forward Press, Horizontal Abduction/Adduction
- Terminal stretches as needed for full ROM
- Advance proprioception drills, including closed chain stability
- Begin push-up plus progression
- Start low-intensity skill training (avoid overhead)

Phase IV – Functional Progression (Month 4 and Beyond)

Goals:

- Restore full function and return to sport
- Emphasize eccentric and overhead control
- Integrate plyometrics and sport-specific tasks

Interventions:

- Initiate structured weight training
- Progress overhead motion tolerance
- Advance eccentric and sport-specific strength
- Initiate plyometric drills