

Rehabilitation Protocol: Latarjet / Anterior Bone Block

Date of Surgery: _____

Procedure: ☐ Latarjet ☐ Free Bone Block (☐ Distal Tibial Allograft ☐ Iliac Crest)

Protect the Repair: Limit ER and extension to protect the subscapularis split and graft. For Latarjet, avoid loaded elbow flexion and supination early to protect the conjoint tendon.

Progression is both time- and criteria-based. Outcome measures each phase: QuickDASH, ASES, NPRS. Please contact our office with any questions or concerns.

☐ Phase I – Maximal Protection (Weeks 0–4)

- **Sling:** At all times (day and night) except for exercises, dressing, and showering
- **Precautions:** **Passive ER max 30°; passive forward flexion max 90°; no extension past neutral.** No active shoulder motion. No weight bearing through the arm. Do not lift >1 lb. Avoid loaded elbow flexion/supination. Sleep semi-reclined; avoid lying on the operative side
- **Range of Motion** – PROM within limits (do not force, but assess for stiffness); AAROM ER with wand in scapular plane within limits; elbow/wrist A/AAROM unloaded
- **Therapeutic Exercises**
 - Wrist and gripping exercises
 - **No pendulums**
 - Scapular mobility and stability, progressing to manual resistance
 - Thoracic spine and sternoclavicular joint mobility
 - **Week 2+:** Submaximal deltoid/cuff isometrics (flexion, extension, IR, ER) once 30° ER is obtained
 - Core strengthening; modalities for pain and swelling
- **Criteria to Progress:** Pain and swelling controlled; passive ER 30°; passive elevation 90°; independent with HEP

☐ Phase II – Moderate Protection (Weeks 4–6)

- **Sling:** Discontinue at 4 weeks
- **Precautions:** Do not lift >1 lb; no weight bearing through the arm; avoid loaded elbow flexion/supination
- **Range of Motion** – A/AAROM forward flexion max 140°; A/AAROM ER max 45°. Progress AAROM to AROM – quality movement only, avoid substitution; start gravity-eliminated (supine)
- **Therapeutic Exercises**
 - Continue deltoid/cuff isometrics and rhythmic stabilization
 - Continue wrist/gripping and scapular exercises

☐ Phase III – Minimum Protection / Mild Strengthening (Weeks 6–12)

- **Precautions:** **ER max 45° until 10 weeks.** No lifting >5 lbs; no supporting full body weight on the arm. All strengthening below shoulder height
- **Range of Motion** – AAROM/PROM with wand (flexion, ER, abduction, extension); wall slides/walks; initiate AROM in all planes
 - **Weeks 10–12:** A/AA/PROM to improve ER with arm at 45° abduction
- **Therapeutic Exercises**
 - Rotator cuff isometrics progressing to isotonics in modified neutral when ROM allows
 - PREs for scapular muscles, latissimus, biceps, triceps, deltoid; emphasize posterior cuff and eccentrics
 - Use exercise arcs that protect the anterior and posterior capsule

- Rhythmic stabilization progressing from supine at 90° elevation through available arc; closed chain ball stabilization
- UBE; aquatic therapy once wounds are healed
- **Criteria to Progress:** Pain controlled; AROM in scapular plane – elevation 150°, ER 45°. If lacking PROM at 12 weeks, assess capsular vs. bony end feel and discuss with surgeon

☐ **Phase IV – Advanced Strengthening (Weeks 12–18)**

- **Precautions:** No supporting full body weight on the arm; no heavy overhead lifting
- **Range of Motion** – AROM to restore full ROM, no limits; joint mobilization as needed
- **Therapeutic Exercises**
 - Restore scapulothoracic rhythm; aggressive scapular stabilization and eccentric strengthening
 - Isotonics: side-lying ER, prone ER, prone arm raises at 0°/90°/120°, scaption with IR/ER, close-grip lat pulldown
 - PNF patterns; progressive closed chain loading (avoid full body weight); dynamic stabilization WB and NWB
 - PREs for all upper quarter musculature; below shoulder height for non-throwers
 - Isokinetics; UBE (high seat, low resistance – only once active flexion to 90° without substitution)
 - Running progression with surgeon clearance
- **Criteria to Progress:** Independent with ADLs with minimal pain; normal motion compared to the other side; UE and periscapular strength 4+/5; independent with HEP

☐ **Phase V – Return to Sport (Week 18+)**

- **Precautions:** Monitor exercise dosing; discuss return to high-impact/contact sports with surgeon. **In most cases, graft union is confirmed on CT before return to contact/collision sports**
- **Therapeutic Exercises**
 - Humeral head control in overhead positions; sustained single-arm holds with perturbations; isotonics to higher loads
 - Plyometric progression over 4 weeks: double-hand chest pass, overhead soccer pass, and chops; single-hand IR at 0° abduction; eccentric catch; single-hand 90/90 IR
 - Endurance: overhead and 90/90 wall taps; exercise blade at multiple angles
 - Sport-specific core, balance, and multidirectional motor control; collaborate with trainer/coach
- **Criteria for Return to Sport:** Independent with sport-specific program; movement, strength, motion, power, and accuracy meet sport demands; no increase in pain with sport; isokinetic and functional testing; physician clearance