



Orthopaedic Associates of Zanesville
Sports Medicine Division Physical Therapy
Protocols
Brad E. Brautigam MD

Rehabilitation Guidelines for Laterjet Open Anterior Shoulder Stabilization

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-4 Weeks:

- Maximal protection phase
- **Immobilization** for 4 weeks using sling.
- Elbow A/AAROM: flexion and extension.
- **Protect anterior and posterior capsule from stretch, but begin passive ROM**
- Limit FE (supine forward elevation in the scapular plane) to 90 degrees
- Limit ER (external rotation) to neutral 30 degrees
- **Do Not** perform Pendulums.
- Modalities (i.e. CryoCuff) PRN(as needed).
- Wrist and gripping exercises.
- Begin Deltoid/Cuff **isometrics**
- Removal of sling for showering: **maintain arm in sling position**

4-6 Weeks:

- Moderate protection phase
- AAROM/AROM Limit FE (forward elevation in the scapular plane) to 140 degrees
- AAROM/AROM Limit ER (external rotation) to 45 degrees
- Progress from AAROM to AROM:
 - Quality movement only-**avoid forcing** active motion with substitution patterns.
 - Remember the effects of gravity on the limb, do gravity eliminated motions first ie. Supine elevation in the scapular plane.
- Deltoid isometrics.
- Elbow AROM
- Continue with wrist exercises
- Modalities PRN.
- Discontinue sling at 4-6 weeks.

6-12 Weeks:

- AAROM/AROM No Limit FE (forward elevation in the scapular plane)
- AAROM/AROM No Limit ER (external rotation)
- 10-12 weeks, PROM to improve ER with arm in **45 degree**
- AROM all directions below horizontal, light resisted motions in all planes.
- AROM activities to restore flexion, IR, horiz ADD as tolerated.
- Deltoid, Rotator Cuff isometrics progressing to isotonic.
- PRE's for scapular muscles, latissimus, biceps, triceps.
- PRE's work rotators in isolation (use modified neutral).
- Emphasize **posterior cuff, latissimus, and scapular muscle** strengthening, stressing eccentrics.
- Utilize **exercise arcs** that protect anterior and posterior capsule from stress during PRE's.
- Keep **all** strength exercises below the **horizontal plane** in this phase



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12-16 Weeks:

- Strengthening phase criteria:
 - Pain-free AROM
 - Pain-free with manual muscle test
 - Progress by response to treatment
- AROM activities to restore full ROM.
- Restore scapulohumeral rhythm.
- Joint mobilization.
- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120 degrees, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER.
- Dynamic stabilization WB and NWB.
- PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.
- All PRE's are below the horizontal plane for non-throwers.
- Begin isokinetics.
- Begin muscle endurance activities (UBE)
 - High seat and low resistance
 - Must be able to do active shoulder flexion to 90 degrees without substitution
- Continue with agility exercises.
- Advanced functional exercises.
- Isokinetic test.
- Functional test assessment.
- Full return to sporting activities