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Patient name: _____

Date: _____

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:
LATARJET / CORACOID TRANSFER**

Immediate Post-op Instructions (Week 0-1):

- *Use ice or cryocuff as much as possible for first 2 days, then as needed for pain.*
- *Change dressing to light gauze or band-aids for first 3 days, then leave open to air. Do not remove steri-strips.*
- *You may shower on post-op day #3.*
- *Sleeping in a propped or partially reclined position is often more comfortable, as this keeps the shoulder elevated.*
- *First post-op check is 10-14 days for suture removal.*
- *Call for temperature > 102° excessive swelling, pain or redness around wounds.*
- *Sling will be full-time for 4 weeks, then day-time for additional 2 weeks*

Phase I (Weeks 1-3):

Precautions

- No active range of motion (AROM) of the operative shoulder
- No excessive external rotation range of motion (ROM) / stretching. Stop at first end felt
- Remain in sling, only removing for showering / exercises. Shower with arm held at side
- No lifting of objects with operative shoulder

Activity

- PROM / AAROM / AROM - elbow and wrist/hand
- Begin shoulder PROM only to patient tolerance: DO NOT FORCE! - forward flexion and elevation to tolerance, abduction in the plane of the scapula to tolerance, internal rotation to 45 degrees at 30 degrees of abduction, external rotation in scapular plane from 0-30 degrees
- Ball squeezes
- May perform gentle pendulum exercises for affected shoulder.

Phase II (Weeks 4-6):

Precautions

- No lifting with affected upper extremity
- No excessive external rotation ROM / stretching
- Do not perform activities or strengthening exercises that place an excessive load on the anterior capsule of the shoulder joint (i.e. no push-ups, pec flys, etc..)
- Do not perform scaption with internal rotation (empty can) during any stage of rehabilitation due to the possibility of impingement

Activity

- Progress shoulder PROM (do not force any painful motion)
- Forward flexion and elevation to tolerance
- Abduction in the plane of the scapula to tolerance
- IR to 45 degrees at 30 degrees of abduction
- ER to 0-45 degrees; begin at 30-40 degrees of abduction
- May d/c sling at night in week 5.
- Continue pendulum exercises
- Scapular exercises with shrugs, retraction, protraction, and depression using manual resistance.

Phase III (Weeks 7-9):*Precautions* - same as Phase II

- May discontinue sling

Activity

- Progress shoulder PROM (do not force any painful motion)
- Forward flexion, elevation, and abduction in the plane of the scapula to tolerance
- IR as tolerated at multiple angles of abduction
- ER to tolerance; progress to multiple angles of abduction once ≥ 35 degrees at 0-40 degrees of abduction
- Glenohumeral and scapulothoracic joint mobilizations as indicated (Grade I-IV as appropriate)
- Progress to AAROM/AROM activities of the shoulder as tolerated with good mechanics (i.e. minimal scapulathoracic substitution with up to 90-110 degrees of elevation.)
- Flexion/extension and abduction/adduction at various angles of elevation
- Continue AROM elbow, wrist, and hand
- Strengthen scapular retractors and upward rotators
- Initiate balanced AROM / strengthening program - start high repetition, very low resistance.
- Nearly full elevation in the scapular plane should be achieved before beginning elevation in other planes; all activities should be pain free and without substitution patterns; should include both open and closed chain activities
- NO heavy lifting or plyometrics should be performed at this time. Only gentle strengthening:
 - Full can scapular plane raises to 90 degrees with good mechanics
 - ER/IR strengthening using exercise tubing at 0° of abduction (use towel roll)
 - Sidelying ER with towel roll
 - Manual resistance ER supine in scapular plane (light resistance)

Phase IV (Weeks 10-14+):*Precautions*

- Do not overstress the anterior capsule with aggressive overhead activities / strengthening
- No contact sports/activities
- Patient education regarding a gradual increase to shoulder activities

Activity

- Continue AROM/PROM as needed/indicated
- Initiate biceps curls with light resistance, progress as tolerated
- Initiate gradually progressed strengthening for pectoralis major and minor; avoid positions that excessively stress the anterior capsule
- Progress subscapularis strengthening to focus on both upper and lower segments
- Push up plus (wall, counter, knees on the floor, floor)
- Cross body diagonals with resistive tubing
- IR resistive band (0, 45, 90 degrees of abduction)
- Forward punch

After 16 weeks, may advance strengthening in all planes as tolerated. May initiate plyometrics/interval sports program and generalized upper extremity weight lifting with low weight IF appropriate / cleared by MD

Frequency: 2-3x per week**Duration: 12-16 weeks****Special instructions:** _____