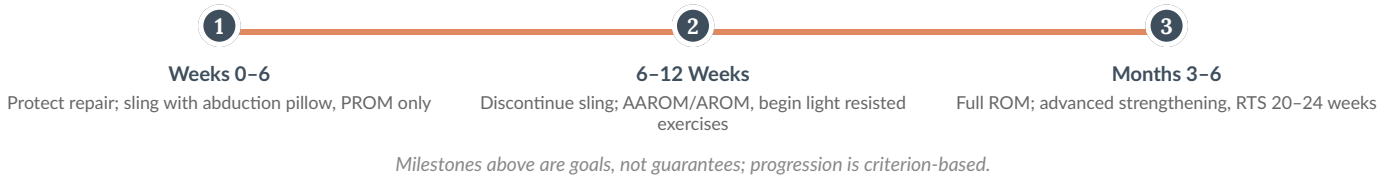


PT PROTOCOL

Anterior Shoulder Stabilization — Coracoid Transfer (Latarjet)

Rehabilitation Protocol



Phase 1 Weeks 0–6

Sling: Sling with abduction pillow, worn for a total of 6 weeks; remove only for hygiene.

Range of Motion

- Passive range of motion only for the first 6 weeks, to patient tolerance.
- Weeks 0–4 goals: forward flexion 140°, external rotation 25° in 30° of abduction, abduction 60–80°; internal rotation limited to 45° in 30° of abduction.
- Weeks 4–6: increase passive range of motion to tolerance; increase external rotation to 45° in 30° of abduction.
- No active internal rotation or extension; no canes or pulleys.

Therapeutic Exercises

- Weeks 0–4: pendulums, grip strengthening, isometric scapular stabilization, elbow/wrist/hand range of motion.
- Weeks 4–6: begin gentle joint mobilizations; limit external rotation to passive 45°.
- Modalities per PT discretion: electrical stimulation, ultrasound, heat (before), ice (after).

Phase 2 Weeks 6–12

Sling: Discontinue (unless in a crowd or slippery environment).

Range of Motion

- Increase passive range of motion as tolerated; begin active-assisted and active range of motion.

Therapeutic Exercises

- Weeks 6–8: begin light cuff, deltoid, and biceps isometrics.
- Weeks 8–12: begin light resisted external rotation, forward flexion, abduction, and internal rotation exercises; begin extension and scapular retraction exercises.
- Modalities per PT discretion.

Phase 3 Months 3–6

Range of Motion

- Full range of motion without discomfort.

Therapeutic Exercises

- Continue Phase 2 exercises, advancing as tolerated; include closed-chain scapular rehabilitation and functional rotator cuff strengthening, focusing on the anterior deltoid and teres.
- Month 4: advance strengthening as tolerated from isometrics to theraband to light weights, emphasizing low-weight, high-repetition exercises.
- Consider return to sport at 20–24 weeks, pending surgeon approval.