

# Latarjet Procedure (Coracoid Bone Transfer) Protocol

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## Critical Precautions: The "Bone-to-Bone" Rule

Because this procedure involves a bone graft and hardware, the first 6 weeks are critical for "osseous integration" (bone healing).

- **No Resisted Internal Rotation:** To protect the subscapularis and the bone graft for the first 6 weeks.
- **No Excessive External Rotation:** Stretching the anterior capsule too early can stress the screw fixation and the healing graft.
- **No Supporting Body Weight:** Do not support body weight with the operative arm (e.g., pushing up from a chair).

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## Phase I: Immediate Post-Operative / Protection (Weeks 0–2)

**Goals:** Protect the graft and hardware, control pain, and initiate passive mobility.

- **Sling Use:** Continuous wear including sleep. Remove only for hygiene and prescribed exercises.
  - **Range of Motion (Passive Only):**
    - **Forward Elevation (Scapular Plane):** Goal of 90 degrees.
    - **External Rotation (Scapular Plane):** Limit to 0 to 20 degrees (Neutral) to prevent tension on the graft.
  - **Exercises:**
    - **Pendulums:** Gentle small circles, 3 times daily.
    - **Distal AROM:** Full active motion of the wrist, hand, and elbow.
    - **Scapular Setting:** Gentle retractions and shoulder blade "squeezes" to maintain postural health and periscapular activation.
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## Phase II: Early Mobilization & Sling Weaning (Weeks 2–6)

**Goals:** Begin weaning from the sling and gradually restore passive range of motion.

- **Sling: Begin weaning from the sling at Week 2.** Wear for protection in public or for comfort, but begin using the arm for light daily activities at waist level (e.g., eating, typing).
  - **Motion Progression:**
    - **Passive Forward Elevation:** Increase to 140 degrees by week 6.
    - **Passive External Rotation:** Gradually increase to 30 to 45 degrees by week 6.
    - **Active-Assisted ROM:** Begin using a wand or cane for forward elevation and external rotation.
  - **Strengthening:**
    - **Rotator Cuff:** Initiate submaximal, pain-free isometrics for External Rotation, Abduction, and Extension.
    - **Strict Restriction: No** resisted internal rotation (subscapularis protection) until after week 6.
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## Phase III: Active Motion & Initial Strengthening (Weeks 6–12)

**Goals:** Restore full active range of motion and initiate progressive resistance.

- **Sling:** Discontinue completely.
  - **Motion Progression:**
    - **Active ROM:** Achieve full active range of motion in all planes.
    - **Internal Rotation:** Begin gentle passive stretching behind the back (reaching for the spine).
  - **Strengthening (Isotonic):**
    - **Weeks 6–8:** Initiate light resistance bands for External Rotation and Scapular stabilization (Rows/Punches).
    - **Week 8+:** Initiate light resisted Internal Rotation (yellow band).
    - **Upper Body:** Biceps and triceps strengthening with light weights.
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## Phase IV: Advanced Strengthening & Return to Play (Weeks 12–24+)

**Goals:** Restore full power, improve dynamic stability, and return to high-demand activities.

- **Strengthening Progression:**
    - **Dynamic Loading:** PNF diagonal patterns with resistance.
    - **Closed-Chain Exercises:** Progress from wall push-ups to floor "push-up plus."
    - **Plyometrics (Week 16+):** Medicine ball chest passes and overhead tosses for athletes.
  - **Return to Sport Timeline:**
    - **Golf:** 12 to 16 weeks.
    - **Swimming/Tennis:** 16 to 20 weeks.
    - **Contact Sports (Football/Rugby/Wrestling):** 6 months, contingent on X-ray confirmation of bone healing and clinical strength testing.
  - **Discharge Criteria:**
    - Strength greater than 80 percent of the uninvolved side.
    - Full, non-painful active range of motion with excellent scapular control.
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## Clinical Pearls for the Therapist

1. **Hardware Awareness:** If the patient experiences sharp, localized anterior pain during External Rotation, stop and notify the surgeon; this could indicate hardware irritation or graft sensitivity.
2. **Subscapularis Sparing:** Since the subscapularis was split or spared rather than detached, active Internal Rotation can often begin at Week 8, but it must remain pain-free.
3. **Proprioceptive Training:** Latarjet patients often have a history of chronic instability. Focus heavily on "rhythmic stabilization" and joint position sense, especially in the 90/90 position (90 degrees abduction, 90 degrees external rotation) after week 12.