

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).

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.

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.

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.

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.

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.