

Latarjet Procedure (Coracoid Transfer)

Name _____ DOS: _____

Dr. Alexander Strassman, DO DX: _____

	week/month	Week													
ROM	Protection Passive Range of Motion (PROM)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
Restrictions	DATE														
FE:	Scapular Retraction-Depression	•	•	•	•	•	•								
ER:	Cervical ROM Exercises	•	•	•	•	•	•								
IR:	Elbow/Hand/Wrist ROM	•	•	•	•	•	•								
ABD:	Pendulums	•	•	•	•	•	•								
	AAROM			•	•	•	•								
Begin Full AROM:	Passive ROM														
	External Rotation				30°	•	•	•	•	•					
	Forward Elevation & Scaption	•	•	•	•	•	•	•	•	•					
Sling	Abduction	•	•	•	•	•	•	•	•	•					
	Internal Rotation to Belt Line	•	•	•	•	•	•	•	•	•					
	Internal Rotation	•	•	•	•	•	•	•	•	•					
	Phase II - Minimal Protection Active Range of Motion (AROM)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
T.E.D. Hose	Active Assist ROM														
2 weeks to prevent DVT's	Internal & External Rotation				•	•	•	•	•						
	Forward Elevation & Scaption					•	•	•	•						
	Isometrics-Light														
	Internal/External Rotation			•	•	•	•	•	•						
	Biceps**/Triceps			•	•	•	•	•	•						
Time Lines	Active ROM														
Week 1 (POD 1-7)	Sidelying External Rotation						•	•	•						
Week 2 (POD 8-14)	Forward Elevation & Scaption (lawn chair progression)						•	•	•						
Week 3 (POD 15-21)	ER						•	•	•						
Week 4 (POD 22-28)	Prone Lower Traps to 60						•	•	•						
	Prone Extensions with ER						•	•	•						
	Open Chain Proprioception					•	•	•	•						
	Stretches														
	Door External Rotation						•	•	•						
	Towel Internal Rotation						•	•	•	•					
	Door Hang						•	•	•	•					
	Sleeper Stretch						•	•	•	•					
	Cross Arm Stretch						•	•	•	•					
	90/90 Stretch									•	•	•			
	Activities of Daily Living (ADL's)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
	Dressing (using shower motion ok)					•									
	Dressing					•									
	Washing/Showering					•									
	Computer with supported arm	•	•	•	•	•	•	•	•						
	Driving					•	•	•	•						
	Lifting up to 5 lbs.					•	•	•	•						
	Overhead Activity									•	•	•	•	•	•
	Lifting greater than 5 lbs.									•	•	•	•	•	•

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate. It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues. Contact the staff at HHSMC for assistance in progressing as needed.

Week

Strengthening & Proprioception	1	2	3	4	5	6	7	8	9	10	13	17	21	25
External Rotation								•	•	•	•	•	•	•
Internal Rotation								•	•	•	•	•	•	•
Punches with a Plus								•	•	•	•	•	•	•
Sport Cord Rows								•	•	•	•	•	•	•
Prone Lower Trap								•	•	•	•	•	•	•
Bicep Curls **								•	•	•	•	•	•	•
Triceps Extensions								•	•	•	•	•	•	•
Initial Push-up Plus								•	•	•	•	•	•	•
Initial Closed Chain Stability								•	•	•	•	•	•	•
Phase III: Advanced Resistance Strengthening & Proprioception	1	2	3	4	5	6	7	8	9	10	13	17	21	25
External Rotation at 45°									•	•	•	•	•	•
Bear Hugs									•	•	•	•	•	•
External Rotation at 90°									•	•	•	•	•	•
Statue of Liberty									•	•	•	•	•	•
Advanced Push-up Plus									•	•	•	•	•	•
Stability									•	•	•	•	•	•
PNF with Resistance									•	•	•	•	•	•
Decelerations									•	•	•	•	•	•
Plyometric External Rotation									•	•	•	•	•	•
Phase IV: Weight Lifting in Gym and Return to Sports	1	2	3	4	5	6	7	8	9	10	13	17	21	25
CRITERIA: FULL PAINFREE MOTION AND FULL ROTATOR CUFF STRENGTH RESTORED NO LAT PULLS BEHIND BACK, OR WIDE GRIP BENCH PRESS														
Skiing / Snowboarding														•
Throwing Progression													•	•
Overhead and Serving Sports (tennis, volleyball)														•
Contact Sports (football, hockey, lacrosse)														•
Swimming													•	•

Protocol created by PJ Millett, MD and Howard Head Sports Medicine, Vail, CO

Therapist: _____