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Latarjet Procedure Rehabilitation Protocol

The Latarjet procedure is a surgical technique used to treat recurrent shoulder dislocations, especially when there is significant bone loss from the front of the glenoid (shoulder socket). It involves transferring a piece of bone (the coracoid process) along with attached tendons to the front of the glenoid to restore stability. Rehabilitation is essential for restoring shoulder function, maintaining surgical results, and preventing re-injury.

Rehabilitation Goals

- Protect the surgical repair and graft site
- Gradually restore range of motion (ROM)
- Regain shoulder strength and stability
- Safely return to daily activities and sports
- Prevent complications such as stiffness, re-dislocation, or graft failure

Expected Recovery Time

Milestone	Timeframe
Sling use	3–6 weeks
Passive range of motion	By 4–6 weeks
Active-assisted ROM	6–8 weeks
Full active ROM	10–12 weeks
Strengthening phase begins	8–12 weeks
Return to light sports/training	4–6 months
Return to contact sports	6–9 months

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect surgical site
- Manage pain and inflammation
- Prevent shoulder stiffness in adjacent joints

Instructions

- Wear sling at all times (even during sleep)
- Ice shoulder 3–5 times/day for 15–20 minutes
- Keep incisions dry and clean
- Begin hand, wrist, and elbow mobility exercises

Exercises

- Hand gripping exercises
- Elbow flexion/extension (with arm at side)
- Pendulum exercises (gentle, no shoulder activation)
- Scapular setting (retraction) exercises

Phase 2: Protected Passive Motion (2–6 weeks)

Goals

- Gradual increase in passive range of motion
- Maintain stability of the shoulder
- Continue pain and swelling management

Instructions

- Continue sling use, may remove for hygiene and exercises
- Avoid shoulder extension or external rotation past neutral
- Do not lift objects or bear weight with operated arm

Exercises

- Passive shoulder flexion to 90° (under therapist guidance)
- External rotation in neutral to ~30°
- Supine passive abduction to 60°
- Continue elbow, wrist, hand mobility and scapular activation

Phase 3: Active Motion and Early Strength (6–12 weeks)

Goals

- Restore full passive and initiate active ROM
- Begin light strengthening without stressing graft
- Normalize shoulder mechanics

Instructions

- Discontinue sling use as advised by surgeon
- Avoid sudden or forceful movements
- Monitor for signs of instability or overuse

Exercises

- Active-assisted ROM in all planes (progress to active ROM)
- Gentle isometric strengthening (rotator cuff, deltoid)
- Closed-chain scapular stabilization exercises
- Use pulley systems or wand for assisted motion as needed

Phase 4: Strengthening and Control (3–6 months)

Goals

- Improve muscular strength and endurance
- Enhance neuromuscular control and shoulder coordination
- Progress toward functional activities

Instructions

- Gradually reintroduce heavier tasks as tolerated
- Avoid overhead lifting early in this phase
- Continue to protect graft with appropriate mechanics

Exercises

- Resistance band strengthening for rotator cuff and scapular muscles
- Light dumbbell strengthening (no overhead until 4+ months)
- Proprioceptive drills (e.g., ball stabilization on wall)
- Initiate functional closed-chain activities

Phase 5: Return to Sport/Activity (6+ months)

Goals

- Restore full shoulder strength, range, and function
- Safely return to work or sport-specific training
- Ensure graft incorporation and shoulder stability

Instructions

- Follow clearance from surgeon and physiotherapist before sports
- Emphasize technique and form during sport drills
- Return to contact sports only after clinical and radiographic confirmation

Exercises

- Plyometrics (e.g., medicine ball throws, push-ups)
- Sport-specific drills (e.g., throwing, tackling mechanics)
- High-level proprioceptive and reaction-time training
- Progressive weight training with overhead components

When to Contact Your Surgeon

- Signs of infection (redness, swelling, wound discharge, fever >38°C)
- Severe or increasing pain not managed by medication
- Loss of sensation or significant weakness in the arm
- Recurrent shoulder dislocation or a feeling of instability
- Inability to move the shoulder or worsening range of motion

Disclaimer:

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.