

Open Bankart/Latarjet Repair: Postoperative Protocols

This rehabilitation protocol has been developed for the patient following an open Bankart/Latarjet (coracoid transfer) surgical procedure. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the anterior joint capsule of the shoulder.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion.

Exercises should be initiated within the first week following surgery. The supervised rehabilitation (outpatient physiotherapy) started after 4 weeks is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following shoulder surgery requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing.

Returning to work - Labrum tear/glenohumeral joint reconstruction

For most sedentary jobs, taking a week off work is recommended. When you return to work your arm will be in a sling (four weeks after surgery) but you should be able to manage as long as you do no lifting, pushing, pulling or carrying. Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than one to two pounds, 6-8 weeks after surgery. Work at waist level (5-10 pounds of lifting) and noncontact sports is started 3-4 months after surgery.

You will generally need 4-6 months of recovery before beginning occasional work at shoulder level. Return to heavy lifting or overhead use/contact sports may require 6-12 months

Prehabilitation

- Apply ice (PolarCare if available) as much as tolerated within a 24 hour period for first week. If using ice packs, encourage icing 20-30 minutes every 3-4 hours while awake. This is also useful after therapy.
- Sling used for 4 weeks

Home Exercise Program Phase 1: (Weeks 1 - 4)

Follow pictorial exercises illustrated in **Shoulder Surgery- Initial Postoperative Exercises**

Outpatient Physiotherapy Phase 2: (Weeks 4-6)

Instruct in basic progression of rehabilitation program and expectations for time course to recovery
ROM

- Passive and AAROM
- Flexion/Elevation 0-140° wk 4 , 0-160° wk 6
- Passive and AAROM-scapular plane
- External rotation 0-75° wk 6
- Internal rotation Full ROM wk 6
- Pendulum exercises
- Posterior capsule stretch
- Rope/Pulley (flexion, scapation, abduction)
- Wand exercises-all planes within limitations
- Manual stretching and Grade I-III joint mobs

Strength

- Continue isometric activities as in Phase 1
- Initiate supine rhythmic stabilization at 90° flexion

- Initiate UBE for endurance
- Initiate plyometric chest pass
- Initiate IR/ER at neutral with tubing
- Initiate flexion, scaption, empty can
- Prone horizontal abduction (100°,90°), extension
- Push-up progression
- Initiate sidelying ER, triceps, biceps
- Initiate scapular stabilizer strengthening
- Concentrate on eccentric activities

Sling

- At Week 4 may discontinue use of sling in daytime with precaution of no lifting arm away from body
- May continue to wear sling at night until Week 6 to protect arm

Goals of Phase:

- Control pain and inflammation • Enhance upper extremity strength • Gradual increase in ROM

Outpatient Physiotherapy Phase 3: (Weeks 6-12)

ROM

- Full ROM
- Continue all ROM activities from previous wks
- Posterior capsule stretch
- Towel stretch
- Manual stretching and Grade III-IV joint mobs

Strength

- Continue all strengthening from previous phases
- increasing resistance and repetitions
- Initiate overhead plyotoss at wk 10-12
- Progress with ER at 90° abduction with tubing
- UBE for strength and endurance
- Progress rhythmic stabilization activities to include standing PNF patterns with tubing
- Initiate isokinetic IR/ER at neutral at wk 10-12

Goals of Phase:

- Minimize pain and swelling • Reach full ROM • Improve upper extremity strength and endurance • Enhance neuromuscular control • Normalize arthrokinematics

Outpatient Physiotherapy Phase 4: (Weeks 12-24)

ROM

- Continue with all ROM activities from previous phases
- Posterior capsule stretching
- Towel stretching
- Grade III-IV joint mobs as needed for full ROM

Strength

- Progress strengthening program with increase in resistance and high speed repetition
- Progress with eccentric strengthening of posterior cuff and scapular musculature
- Initiate single arm plyotoss
- Progress rhythmic stabilization activities to include standing PNF patterns with tubing
- UBE for strength and endurance
- Initiate military press, bench press, and lat pulldowns
- Initiate sport specific drills and functional activities
- Initiate interval throwing program week 16
- Initiate light plyometric program week 12-16
- Progress isokinetics to 90° of abduction at high speeds

Goals of Phase:

- Full ROM • Maximize upper extremity strength and endurance • Maximize neuromuscular control • Initiate sports specific training/functional training