ANDREWS INSTITUTE
ORTHOPAEDICS & SPORTS MEDICINE
An Affiliate of Baptist Health Care

ANTERIOR LATERJET PROCEDURE FOR RECURRENT ANTERIOR INSTABILITY

GENERAL PRINCIPLES / PRECAUTIONS

- Have patient wear sling at all times except showering and while doing exercises / physical therapy for 6 weeks or per physician's discretion.
- No exercises specifically for the shoulder while a pain pump is present.
- Once the sling is removed it is necessary to stress the importance of avoiding heavy lifting, pushing, or pulling by the patient for at least 6 months to allow proper tissue healing.
- No forceful IR, ER, or horizontal abduction for 6 weeks or per physician's discretion.
- Avoid forceful / excessive flexion for 6 weeks.
- This protocol, as well as most others, is a general guideline. Patients should not be progressed to the next phase until they demonstrate proper form with all activities and all criteria are met in the current phase.
- When clinically appropriate, properly assess the whole body and incorporate treatment for loss of mobility and stability. Not doing so can prevent optimal outcomes and increase risks of future injuries.

IMMEDIATE POST-OPERATIVE PHASE (Weeks 0-6)

- **Goals:**
  - Protect repair and promote healing of boney fixation.
  - Prevent negative effects of immobilization.
  - Promote dynamic stability and proprioception.
  - Diminish pain and inflammation.
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- **Treatment (Days1-14)**
  - Elbow/hand ROM.
  - Hand-gripping exercises.
  - Gentle, pain free ROM
    - Passive Flexion to 70 degrees week 1.
    - Passive Flexion to 90 degrees week 2.
  - AAROM w/in same limits
  - NO passive or active ER for 2 weeks.
  - NO active extension or abduction for 2 weeks.
  - Sub-maximal & non-painful isometrics for shoulder musculature (light contractions).
  - Rhythmic stabilization drills ER/IR (Light).
  - Proprioception drills.
  - Cryotherapy (3-4 x daily), modalities as indicated.

- **Weeks (Days 15-28)**
  - Gentle, pain-free ROM exercises
    - Passive flexion to 90-115 degrees.
    - Passive abduction to 90 degrees.
    - Passive ER in scapular plane (at 45 deg abd position) to 20-25 degrees (at end of week 4).

        - Passive IR in scapular plane (at 45 deg abd position) to 20-30 degrees.
    - AAROM to same limitations as PROM
    - No excessive ER, extension or elevation.
    - Continue isometrics and rhythmic stabilization (submax).
    - Core stabilization program.
    - Initiate scapular strengthening program (manual resistance).
    - Initiate exercise tubing ER/IR will: arm at side.
    - Continue use of cryotherapy.

- **Treatment (Weeks 5-6)**
    - Gradually improve ROM.
        - Passive Flexion to 145 degrees.
        - Passive ER at 45 degrees abduction: 45-50 degrees.
        - Passive IR at 35-45 degrees abduction: 55-60 degrees.
    - Manual resistance scapular strengthening.
    - Continue exercise tubing ER/IR (arm at side).
    - Scapular strengthening (prone exercises).
    - Begin AROM without resistance — full can & lateral raises

MODERATE PROTECTION PHASE (Weeks 7-14)

- **Goals:**
    - Gradually restore full ROM (weeks 10-12).
    - Preserve the integrity of the surgical repair & boney fixation.
    - Restore muscular strength and balance.
    - Enhance neuromuscular control.

- **Treatment (Weeks 7-9)**
    - Remove sling after 6 weeks post-op
    - Gradually progress PROM & AROM.
        - Passive Flexion to 160 degrees.
    - Initiate ER / IR at 90 degrees abduction
        - Passive ER at 90 degrees abduction: 70-80 degrees at week 8
        - Passive ER to 90 degrees at weeks 9-10.
        - Passive IR at 90 degrees abduction: 45-55 degrees.
    - Continue to progress isotonic strengthening program.
    - Continue manual resistance exercises & rhythmic stabilization drills.

- **Treatment (Weeks 9-12)**
    - Restore full PROM by or at week 12
        - Passive flexion to 165-180 degrees.
        - Passive ER at 90 degrees of abduction to 90 degrees.
        - Passive IR at 90 degrees of abduction to 50-55 degrees.
    - May initiate slightly more aggressive strengthening – fundamental shoulder exercises.
    - Progress isotonic strengthening exercises.
    - Continue all stretching exercises.
    - Progress ROM to functional demands (i.e. if overhead athlete) Progress to isotonic strengthening (light and restricted ROM).

- **Treatment (Weeks 13-14)**
    - Progress all exercises listed in weeks 10-12.
    - May progress isotonic strengthening exercises (slowly progress weights).
    - May progress to behind the back stretching.

MINIMAL PROTECTION PHASE (Week 15-20)

- **Goals:**
  - Maintain full ROM.
  - Improve muscular strength, power and endurance.
  - Gradually initiate functional activities.

- **Criteria to Enter Phase III:**
  - Full non-painful ROM.
  - Satisfactory stability.
  - Muscular strength (good grade or better).
  - No pain or tenderness.

- **Treatment (Week 15-17)**
  - Continue all relevant stretching and strengthening
  - Progressive UE resistive activities including those for the wrist and elbow
  - PNF manual resistance.
  - Endurance training.
  - Restricted activities (light swimming, half golf swings). Initiate interval sport program wk 18.

- **Treatment (Weeks 18-20)**
  - Continue all exercise listed above.
  - Process interval sport program (throwing, etc.).

ADVANCED STRENGTHENING PHASE (Weeks 21-24)

- **Goals:**
  - Enhance muscular strength, power and endurance.
  - Progress functional activities.
  - Maintain shoulder mobility.

- **Criteria to Enter Phase IV:**
  - Full non-painful ROM.
  - Satisfactory static stability.
  - Muscular strength 75-80% of contralateral side.
  - No pain or tenderness.

- **Treatment (Weeks 21-24)**
  - Continue flexibility exercises.
  - Continue isotonic strengthening program.
  - NM control drills.
  - Plyometric strengthening.
  - Progress interval sport programs.

DISCHARGE TESTING / PLANNING (usually done 6-12 months post-op)

- Based on a patient's age, sex, specific sport / activity, and level (i.e. recreational, amateur, professional) that they are returning to, a decision is made to endorse their return to sport or to ask that the patient refrain from doing so. Currently we strive for the following criteria before fully endorsing going back to rigorous activities:
    - Demonstrate quality and symmetrical movement throughout the body evaluated with comprehensive movement screen or assessment process
    - Symmetrical and acceptable scores on Y-balance UE testing
- Biomechanical assessment of their performance helps safe return to sport / higher level activity. Patient's may be videoed and analyzed doing activities such as throwing or hitting to see if sound body mechanics are being utilized.
- Not all patients who have undergone Laterjet surgery are candidates for functional testing. Those undergoing these tests should be chosen with proper consideration given to what they plan to return to and there general fitness level.
- No matter how well a patient is doing with return to sport testing it is prudent to remember how important time is to full healing and safe return to sport / activity.
- Patients often schedule periodically during this phase to assess their progress and properly change their program until they are deemed safe to return to all activities.