

Latarjet (Coracoid Transfer) Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Other Precautions:

Precautions above are patient-specific and supersede the general timeframes below. **Coracoid bone-block healing is the rate-limiting factor: resisted elbow flexion (conjoint tendon) and heavy loading are restricted until graft union is confirmed, typically at 6-12 weeks.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Protect coracoid graft fixation; control pain/swelling - Maintain elbow/wrist/hand mobility - Initiate scapular setting	Precautions - Sling for 2 wks; off for hygiene and exercises - No active shoulder ROM; no lifting or weight bearing through the arm - No active or resisted elbow flexion/supination (conjoint tendon pulls on the graft) - PROM limits: flexion/abduction $\leq 60^\circ$, rotation $\leq 20^\circ$	Treatment Focus - Hand/wrist ROM and grip; gentle assisted elbow flexion/extension - Pendulums from day 1 - Gentle PROM within limits - Scapular setting - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healing, pain controlled, PROM tolerated within limits.			
Phase 2 Weeks 2–6	Goals - Wean sling at 2 wks - Progress PROM → AAROM - Begin rotator cuff activation - Normalize scapular control	Precautions - ER advanced in steps: $\leq 45^\circ$ until 6 wks, then as tolerated; no forced ER stretching - No resisted elbow flexion/supination; no resisted IR (subscapularis) - No lifting, pushing, or pulling with the operative arm - Avoid combined abduction + ER	Treatment Focus - PROM → AAROM (cane, pulley, table slides); elevation as tolerated - Submaximal pain-free cuff isometrics; gentle stretching - Scapular retraction/depression - Unloaded active elbow ROM - Light waist-level daily use out of sling
► Advance to Phase 3 when: PROM elevation $\approx 140^\circ$ and ER $\approx 45^\circ$, minimal pain, good scapular control.			
Phase 3 Weeks 6–12	Goals - Restore full AROM - Restore neuromuscular control and proprioception - Begin strengthening once active elevation above shoulder level is achieved (≈ 8–12 wks)	Precautions - Resisted biceps work limited and light; begin increasing resistance slowly from 8-12 wks unless union delay based on imaging - Do not force end-range ER; progress by response, not calendar	Treatment Focus - AROM all planes; restore scapulohumeral rhythm - ER/IR stretching to end range as tolerated - Rhythmic stabilization and closed-chain proprioceptive drills - Light band cuff/periscapular strengthening once elevating above shoulder level - Running at ≈ 8 wks
► Advance to Phase 4 when: full or near-full AROM with normal mechanics, light strengthening pain-free, graft healing confirmed by surgeon.			

Phase	Goals	Precautions	Treatment Focus
Phase 4 Weeks 12–24	Goals • Restore strength approaching the contralateral side • Restore dynamic stability, proprioception, and power • Graduated return to sport after confirmed union	Precautions • Advance resistance (including biceps) unless concerns with bony union • Non-contact sport ≈3 months once clinical and imaging healing are satisfactory • Contact/collision sport withheld until 4–6 months and CT-confirmed union	Treatment Focus • Progressive cuff, periscapular, deltoid, and biceps strengthening • Weight training progression: plyometrics ≈15 wks, bench press ≈16 wks • Sport-specific drills at progressive speed and load • Objective testing vs. contralateral: ER strength (isokinetic or handheld dynamometer), CKCUEST
► Full Release (typically 4–6 months / 16–24 wks): pain-free near-full ROM, no apprehension, adequate stability/proprioception, strength approaching contralateral, graft union confirmed on imaging, cleared by physician. Contact/collision athletes generally 4–6 months.			

Special Considerations

- Strength, power, and stability deficits commonly persist at ≈4.5 months even when timelines are met; objective testing, not time alone, should guide clearance
- Sudden anterior shoulder pain, a pop, or new weakness of elbow flexion — stop and contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.