

LATARJET/DISTAL TIBIAL ALLOGRAFT FOR GLENOID BONE LOSS POST-OPERATIVE INSTRUCTIONS AND REHABILITATION PROTOCOL

This protocol may vary in length and aggressiveness depending on several factors including: pain, bone quality, rehab goals, and expectations for each individual. Your rehabilitation will be a supervised program by a physical therapist and a home program as directed by your therapist. Your therapist will help guide your rehab, teach you what movements and activities to avoid as well as what movements/arm positions are safe, and will advance and progress your rehab based off this protocol.

For Patients Recovery Overview:

- a. **Brace:** The abduction brace/sling is used for 6 weeks after surgery. It is ok to remove the sling for bathing/grooming and to do your exercises. You need to wear the sling while sleeping for the first 4 weeks after surgery. Most patients find this most comfortable to do in a reclined position.
- b. **Dressing:** Most commonly, a waterproof bandage is used after surgery. It is **ok to shower the day after surgery with the bandage in place**. Do not soak bandage and let water run off the bandage and pat dry. Do not submerge incisions in bath or pool until fully healed (~3-4 weeks).
- c. If you had a **nerve block at the time of surgery, it usually wears off around 1-2 days post-operatively**. It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result.
- d. **Pain Meds/Ice:** Take the prescribed pain medications as directed. You can supplement your pain control with over-the-counter Tylenol and ibuprofen (unless you were given a prescription NSAID in place of the ibuprofen. You may have been prescribed an ice machine. Use for 30 minutes every couple hours at a minimum. If you do not have an ice machine, use bags of ice to help control pain/swelling.
- e. **Physical Therapy:** Start physical therapy within 10-14 days from surgery. Call for your first appointment at your desired therapy location as soon as possible.
- g. **Driving:** There is no conclusive data about when it is safe to return to driving after shoulder surgery. You can't drive while taking pain medications. You should be able to lift your arm overhead, have minimal pain, and be able to take the brace on and off by yourself before return to driving. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.

I. REHABILITATION PROTOCOL WEEKS 0-2

MAXIMAL PROTECTIVE PHASE

- a. Continue **Abduction sling at all times**. Remove sling for exercises, bathing and grooming
- b. 3 times per day work on pendulum exercises and table slides (see below)
- c. Work on range of motion of your wrist, elbow and grip strength **DAILY** beginning the day after surgery
- d. **No External Rotation of the shoulder beyond zero degrees (neutral abduction) x 6 weeks**

- e. **Passive range of motion** in scapular plane only. **Max 90 degrees of passive forward flexion**
- f. **No weight bearing through the operative arm**
- g. No lifting with your operative arm exceeding 5 lbs
- h. Modalities, ice as needed. Place a towel or covering between your skin and the ice to protect your skin. Maximum 20 minutes/per hour. Gradually wean off ice as swelling/discomfort decreases.
- i. Education in ADLs

II. REHABILITATION PROTOCOL WEEKS 2-4

MODERATE PROTECTIVE PHASE

- a. Continue **Abduction sling at all times**. Remove your sling for exercises, bathing and grooming
- b. Continue to work on pendulums, table slides and wrist/elbow ROM, grip strength
- c. **No External Rotation of the shoulder beyond zero degrees (neutral abduction) x 6 weeks**
- d. **Continue passive range of motion. Can progress passive forward flexion as tolerated**
- e. Weight restrictions: 5 lbs
- f. Begin isometric scapular strengthening exercises
- g. Reinforce protection phase and discourage “overdoing it.”

III. REHABILITATION PROTOCOL WEEKS 4-6

MODERATE PROTECTIVE PHASE

- a. Continue **Abduction sling at all times**. Remove your sling for exercises, bathing and grooming
- b. Continue to work on pendulums, table slides and wrist/elbow ROM, grip strength
- c. **No External Rotation of the shoulder beyond zero degrees (neutral abduction) x 6 weeks**
- d. Progress passive ROM as tolerated, except for external rotation.
- e. **Begin gentle active assisted range of motion**
- f. Weight Restrictions: 5 lbs
- g. Progress scapular strengthening

IV. REHABILITATION PROTOCOL WEEKS 6-8

PROGRESSION OF ACTIVE MOTION

- a. Wean out of abduction brace as tolerated, use sling only as needed for comfort
- b. Can begin gentle active external rotation
- c. **Begin active range of motion program**
- d. Begin exercise bike low resistance
- e. Weight restrictions: 10 lbs
- f. Scapular strengthening

V. REHABILITATION PROTOCOL WEEKS 8-10

INITIAL STRENGTHENING PHASE

- a. Out of brace/sling full time
- b. Continue active range of motion as tolerated including external rotation
- c. Initiate **gentle rotator cuff strengthening exercises, in protective ROM**
- d. Moderate resistance on exercise bike
- e. Weight restrictions: 10 lbs

VI. REHABILITATION PROTOCOL WEEKS 10-12

MODERATE STRENGTHENING PHASE

- a. Progression of rotator cuff strengthening
- b. **Goal:** active range of motion equal to contralateral side
- c. Deltoid isotonic in plane of scapula
- d. Continue exercise bike

VII. REHABILITATION PROTOCOL WEEKS 12-20

RETURN TO LIGHT ACTIVITY

- a. Progress strengthening, lifting restriction 20 lbs.
- b. Light jogging on treadmill
- c. Core/lower body strength training (No free squat or exercises with overhead arm position)
- d. Light upper body strength training 4 months post op

VIII. REHABILITATION PROTOCOL WEEKS 20+

ADVANCED ACTIVITY

- a. Progress strengthening
- b. Progress jogging program
- c. Advance upper body strengthening training
- d. Possible return to sport for non-contact athletes and recreational athletes. No contact sports

IX. REHABILITATION PROTOCOL 6 MONTHS POST OP

- a. Return to contact sports

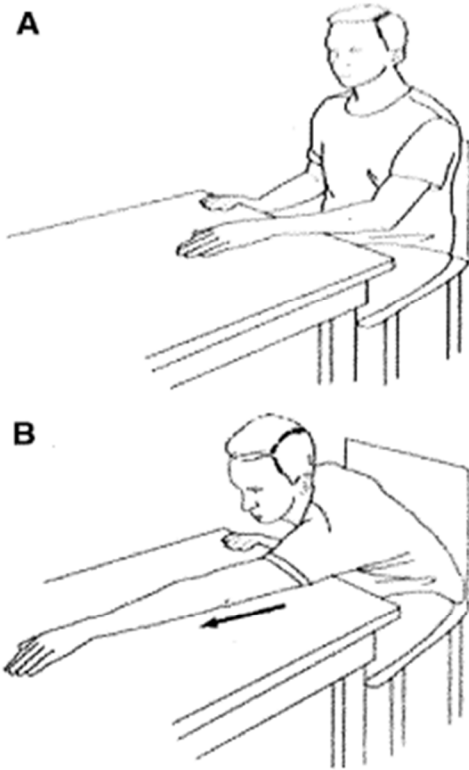


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.

