



# INOVA<sup>®</sup>

## Sports Medicine

Dr. Robin West  
Dr. Robert Najarian  
Dr. Brandon Bryant  
Dr. Jeffrey Giuliani

8100 Innovation Park Drive Suite 110, Fairfax, Virginia 22031  
1005 N Glebe Road, Suite 410, Arlington, Virginia 22201  
22505 Landmark Court, Suite 235, Ashburn, Virginia 20148

### Physical Therapy Protocol Following Laterjet Procedure

**Shoulder Immobilizer:** 4 weeks (Sleep Included)

#### Post-Op Weeks 0-4:

Goals:

1. Minimize swelling and pain
2. Protect repair
3. Restore PROM
4. Ensure adequate scapular function
5. Restricted activities:
  - \*AROM on operative shoulder
  - \*Lifting objects with operative shoulder

Exercises:

1. Pendulum exercises
2. PROM/AAROM/AROM for elbow, wrist and hand
3. Painless PROM in all planes
  - \*Forward flexion and elevation as tolerated
  - \*Abduction in scapular plane as tolerated
  - \*Internal rotation to 45<sup>0</sup> at 30<sup>0</sup> abduction
  - \*External rotation in scapular plane 0-25<sup>0</sup> beginning at 30-40<sup>0</sup> abduction
4. Scapular clock progress to scapular isometric exercises
5. Ball squeezes

**Criteria before Phase 2: No pain with previous phase, >100<sup>0</sup> passive forward flexion, 30<sup>0</sup> passive ER at 20<sup>0</sup> abduction**

#### Post-Op Weeks 4-9:

Goals:

1. Minimize swelling and pain
2. Protect repair
3. Gradually restore AROM
4. Initiate light waist-level activity
5. Restricted activity:
  - \*Heavy lifting or plyometrics
  - \*Excessive external rotation ROM or stretching
  - \*Loading anterior joint capsule (ie. pushups, pec fly, etc)
  - \*Scaption with internal rotation (empty can) due to impingement
6. Discontinue sling at weeks 4-5

Exercises:

1. Painless PROM:
  - \*Forward flexion and elevation as tolerated
  - \*Abduction in scapular plane as tolerated
  - \*Internal rotation to  $45^{\circ}$  at  $30^{\circ}$  abduction
  - \*External rotation to  $0-45^{\circ}$ , beginning at  $30-40^{\circ}$  abduction
2. GH joint mobs (grade I, II) if ROM inadequate
3. Scapulothoracic and thoracic spine joint mobs (grade I-III) if ROM inadequate
4. Posterior capsular stretching- cross body adduction, side lying IR (sleeper stretch)
  - \*Forward flexion, elevation, abduction in scapular plane as tolerated
  - \*IR and ER at multiple abduction angles as tolerated once achieve  $> 35^{\circ}$  at  $0-40^{\circ}$  abduction
2. AAROM, AROM as tolerated
3. AROM of elbow, wrist and hand
4. Rhythmic stabilization drills with IR and ER in scapular plane
5. Flexion/extension/abduction/adduction at various angles of elevation once full elevation is achieved in scapular plane
6. Glenohumeral and scapulothoracic joint mobs (Grade I-IV)
7. Scapular retractors and upward rotators strengthening
8. AROM/strengthening in low dynamic positions and progress:
  - \*Open and closed chain activities
  - \*Full can scapular plane raises to  $90^{\circ}$
  - \*High reps (30-50), low resistance (1-3lbs)
  - \*Strengthen ER/IR with exercise tubing at  $0^{\circ}$  abduction. Use towel roll
  - \*Side lying ER with towel roll
  - \*Manual light resistance ER supine in scapular plane
  - \*Prone rowing at  $30^{\circ}/45^{\circ}/90^{\circ}$  abduction to neutral position

**Criteria before Phase 3 : No pain with previous phase, active forward elevation to  $>145^{\circ}$ ,  $>155^{\circ}$  passive forward elevation, passive ER  $>75^{\circ}$  at  $90^{\circ}$  abduction and within 8-10 $^{\circ}$  of nonsurgical side at  $20^{\circ}$  abduction. Adequate scapular posture at rest and control with ROM/activity**

**Post-Op Weeks 10-15:**

Goals:

1. Achieve strength, endurance, neuromuscular control
2. Return to chest-level full functional activities
3. Gradual, progressive stress to anterior joint capsule
4. Restrictive activities:
  - \*Aggressive overhead strengthening & activities that stress anterior capsule
  - \*Scaption with IR (empty can) due to impingement
  - \*Contact sports
5. Strengthening and functional activities in given plane only after full ROM and strength is achieved in that specific plane of movement

Exercises:

1. Continue PROM and AROM
2. Bicep curls with light resistance and progress as tolerated
3. Gradual strengthening for pectoralis major and minor
4. Progress subscap (upper and lower segments) strengthening:
  - \*Pushups (wall, counter, knees on floor, floor)
  - \*Cross body diagonals with resistive tubing
  - \*IR resistive band at  $0^{\circ}/45^{\circ}/90^{\circ}$  abduction
  - \*Forward punch

**Criteria before Phase 4 : No pain with previous phase, passive and active forward elevation WNL, passive ER at all abduction angles WNL, appropriate rotator cuff and scapular muscular performance for chest level activities**

**Post-Op Weeks 16-20:**

Goals:

1. Continue stretching and PROM as needed
2. Maintain full, non-painful AROM
3. Return to full strenuous work activities
4. Return to full recreational activities
5. Restricted activities:
  - \*Scaption with IR (empty can) due to impingement
  - \*Excessive stress on anterior capsule
  - \*Weight lifting activities of tricep dips, wide grip bench press, military press or lat pull downs behind head
  - \*Throwing or overhead activity until cleared by MD at 4 months

Exercises:

1. Continue previous exercises and progress isotonic strengthening if WNL
2. Overhead strengthening if ROM and strength below 90° is good
3. Continue stretching and strengthening activities > 4x/week
4. Progressive UE weight lifting emphasizing larger, primary muscles of deltoid, lats and pec major. Initially with light weight and high reps (15-25)
5. General UE weight lifting with light weight and high reps with lifting precautions
6. Push-ups with elbows flexed 90°

**Criteria before Phase 4 : No pain or instability with previous phase, physician and PT clearance and adequate ROM and full strength/endurance of rotator cuff and scapular musculature for task completion**

**Post-Op Months 5+:**

Goals:

1. Pain free pre-injury and sports activities

Exercises:

1. Continue home exercise program
2. Plyometrics/ interval sports program after PT and MD clearance
3. Pre-injury activities and vigorous sports after MD clearance
4. Throwing and overhead athletic moves

**Criteria for release to sport(s):**

1. ROM is symmetric and painless
2. Strength is 90% of contralateral side
3. Completion of throwing program (if applicable)