

## **PATIENT Instructions: Latarjet (Coracoid Transfer)**

**Dressing:** A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is expected. Your nurse will teach you how to change your dressing. Change the dressing each day, leaving the steri-strips on. Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward. Showering is permitted 72 hours after surgery with the incisions covered. After showering, apply a new dry dressing. **Do NOT soak the incisions. No swimming pools/bathtubs/hot-tubs/beach water for 2 weeks or until cleared by your surgeon.**

**Ice:** Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

**Activity:** Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

**Pain:** A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. A narcotic is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

**Precautions:** Call the office **(813) 684-2663** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

### **Post-operative Visit/Appointment:**

- **Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 2 weeks following your surgery.**

### **Special Instructions:**

- Schedule physical therapy:** per attached prescription call PT and schedule as soon as able
- Sling / Shoulder Brace:** for 6 weeks; **(NO DRIVING WHILE IN SLING!)**
- Ice (Cryotherapy) Unit:** protect/check skin regularly

‡\*\*A blood thinner to prevent blood clots should be taken for 6 weeks following surgery\*\*

**PT/OT PRESCRIPTION: LATARJET (CORACOID TRANSFER)**

*(Revised 1.6.16)*

**MD Orders for the Therapist:**

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

**Phase I: Immediate Post-op (0 – 3 Weeks post-op)**

**GOALS:**

- Protect the subscapularis repair. **Reinforce to patient no active IR or pushing off with shoulder!!**
- Minimize pain and inflammation

**RESTRICTIONS/CAUTIONS:**

- **NO ACTIVE ROM!!!**
- Stop External Rotation at the end point.
- Remove sling only for hygiene.
- Avoid Extension of the shoulder passively or actively
  - Sleep with 2 pillow behind elbow to avoid shoulder extension

**THERAPY:**

- **Shoulder Motion: Passive Only:**
  - Limits: Forward elevation 140
    - External rotation in scapular plane 0-25, begin 30-40 degrees of abduction
    - **RESPECT THE ENDPOINT, STOP WITH PAIN!**
- Abduction to tolerance.
- Pendulum exercises: circles in both directions
  - Perform each 2-3x a day/10-15 repetitions each
- Pulley Elevation (if available)
- Passive External Rotation with a Stick
- Elbow, wrist and hand edema control and motion.
- Modalities to minimize pain and inflammation

**PROGRESSION CRITERIA:**

- Passive forward elevation (FE) to 100; passive ER 20
- Painless Phase 1 exercises

**Phase II: (3 weeks – 6 weeks post-op)**

**Shoulder Motion:** Add Active Assist and Active motion (AAROM, AROM)

- 1) Continue PROM as above
- 2) Begin posterior capsular stretching, sleeper stretches

- 3) FE to tolerance
- 4) IR to 45 degrees at 30 degrees abduction
- 5) ER: 0-45 deg; begin at 30-40 deg abduction.
- 6) **No active internal rotation! – Must protect subscapularis repair!**

**Phase III: (6 weeks - 12 weeks post-op)**

Shoulder Motion:

- 1) Gradually progress to Active motion with good shoulder mechanics
  - a. Internal, external, forward elevation in scapular plane, abduction, and extension.
- 2) Start balanced active ROM/strengthening
- 3) Reinforce controlled stretching techniques
- 4) Begin rhythmic stabilization exercises
  - a. Strengthen scapular stabilizers, retractors, upward retractors
- 5) Work on muscular endurance
- 6) All activities should be tolerated without pain and muscular substitutions
- 7) Initiate IR/ER strengthening @ 0 deg abduction
  - a. Manual resistance ER supine in scapular plane.
  - b. Prone rowing at 30, 45, 90 abduction

PROGRESSION CRITERIA:

- Achieved PROM:
  - FE:160
  - ER:40 deg at 20 deg abduction, 70 deg at 90 deg abduction
- Achieved AROM: FE:145

**Phase IV: (12 to 16 weeks )**

- 1) AVOID EXCESSIVE STRESSING OF ANTERIOR CAPSULE
- 2) Continue AROM/PROM as tolerated.
- 3) Initiate biceps curls progressively introducing resistance
- 4) Gradually introduce strengthening for pecs
- 5) Progress subscapularis strengthening
- 6) Full shoulder strengthening, weights and progressive resistance tubing
- 7) Add coordination and endurance as patient can tolerate
- 8) Work-out any residual deficiencies in motion or strength
- 9) Light weights or progressive resistance tubing is used

PROGRESSION CRITERIA

- Full passive motion in all directions
- Full Active FE

**Phase IV: (16 weeks and on)**

- No throwing or overhead athletic moves until 4 months post-op AND MD cleared.
- Continue with stretching and strengthening
- Education to home exercise program avoiding excessive anterior capsular stress.



**Christopher T. Donaldson, MD**

813.684.BONE (2663)

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