

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 recovery room nurse will teach you how to change your dressing. Change the dressing each day, leaving the prineo (clear tape over the incision) in place. 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 4 weeks or until cleared by your surgeon.**

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling. Remove the sling at least 3 times per day for hand, wrist, and elbow range of motion which decreases swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

Blood Clot Prevention: ASA 81mg once in the morning and once at night times 4 weeks

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. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 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 important to minimize constipation.** Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUISNESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

Precautions: Call the office (813)-754-1199 if you develop: temperatures $>101^{\circ}\text{F}$, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

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

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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

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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.

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