Dr. Adam Lindsay MD, MS

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TEET

Re<u>habilitation Protocol - Latarjet</u> (Coracoid Transfer/Eden Hybinette)

DICIT

Date of Surgery:	KIGHT	LEFI	
Frequency of visits: 2-3x/week x 12 weeks			
Phase I (Weeks 0-4): Protect Repair			
• Sling to be worn at all times except for showering and rehab	under guidan	ce of PT	

- Range of Motion True Supine Passive Range of Motion Only to Patient Toleranceo Goals: 140°
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Forward Flexion, 25° External Rotation in the 30° abducted position, 60---80° Abduction in the plane of the scapula without rotation, LimitInternal Rotation to 45° with the shoulder in the 30° abducted position

- o Maintain elbow at or anterior to mid-axillary line when patient is supine
- Therapeutic Exercise No canes or pulleys during this phase
 - o Codman Exercises/Pendulums
 - o Elbow/Wrist/Hand Range of Motion and Grip Strengthening
 - o Isometric Scapular Stabilization
- Heat/Ice before and after PT session
- Wound care: OK to shower at 72hrs. Maintain Tegederm dressing until seen in clinic. If the dressing becomes soiled, ok to remove.
 - o No creams/lotions/oils to incision unless directed by MD.
 - o No Baths/lakes/hot tubs/rivers/oceans until 6 weeks.

Phase II (Weeks 4-10): Protect Repair/ROM

- Discontinue sling immobilization at 6 weeks post-op
- Range of Motion
 - o 4-6 weeks: PROM -- FF and Abduction to tolerance, 45° External Rotation in the 30° abducted position

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o 6-10 weeks: Begin AAROM and AROM as tolerated: ER/IR to toleranceGoals:

FF/Abduction > 155°, ER/IR > 75° at 90° of shoulder abduction

Phase III (Weeks 11+): Protect Repair/ROM

- Continue ROM exercises towards goal set in Phase II.
- Scapular mobility exercises
- Strengthen Rotator cuff musculature with anticipation of return to sport.
- Therapeutic modalities per therapist.