

Arthroscopic / Open Latarjet Rehabilitation Protocol

This protocol is a concise, evidence-based guide for patients and physiotherapists following a Latarjet procedure.

Recovery after open Latarjet is usually reliable, but the main early mistake is pushing ER or strengthening too soon. The main late mistake is clearing return to sport by calendar date alone without checking motion, strength, apprehension, and function. When in doubt, progress slowly and follow the surgeon-specific restrictions for graft fixation, subscapularis handling, and any associated procedures.

This is a generalised protocol and certain parameters of the protocol may change with each patient

Please do not deviate from this protocol without discussing with Dr Rishabh Hegde (the treating doctor / primary surgeon) prior.

General Principles

- Protect the graft, capsule, and subscapularis repair during the early healing phase
- Avoid aggressive external rotation stretching in the first 4 to 6 weeks
- Restore motion gradually, usually flexion first and external rotation later
- Progress strengthening only after pain is controlled and movement quality is good/normal
- Use symptoms, scapular control, stability, and surgeon clearance to guide progression

Key precautions throughout rehab

- No forced shoulder external rotation early
- No combined abduction plus external rotation in the protection phase
- No lifting, pushing, pulling, or weight-bearing through the operated arm in the first 6 weeks unless specifically cleared
- No contact sport, collision training, or heavy overhead loading until later phases and only after functional clearance after consultation with Dr Rishabh Hegde
- Any increasing pain, apprehension, neurological symptoms, wound problems, or sudden loss of motion should trigger reassessment

Home program outline

Daily in weeks 0 to 6

- Sling compliance.
- Hand, wrist, elbow, and neck motion.
- Scapular setting and posture drills.
- Protected ROM only within prescribed limits.

Three to five days per week after 6 weeks

- ROM restoration.
- Rotator cuff and scapular strengthening.
- Endurance and control drills.
- Functional progression tailored to work or sport.



Phase	Time	Goals	Main restrictions	Progression target
Phase 1	0-2 weeks	Protect repair, reduce pain, maintain distal mobility	Sling full-time, no active shoulder motion, ER limited	Comfortable distal ROM, pain controlled
Phase 2	2-4 weeks	Continue protection, begin gentle passive mobility	No forced ER, no lifting, avoid stretch to anterior tissues	Tolerates protected PROM, good scapular setting
Phase 3	4-6 weeks	Begin AAROM, start sling wean	No aggressive ER or resisted loading	Smooth AAROM, reduced pain, no apprehension
Phase 4	6-8 weeks	Restore AROM, early muscle activation	No heavy resistance, no push-ups, no overhead load if painful	Good active mechanics below shoulder level
Phase 5	8-12 weeks	Strengthen cuff, deltoid, scapular muscles	Avoid provocative end-range loading	Near-full ROM, stable mechanics
Phase 6	12-16 weeks	Build strength and endurance	No contact or collision sport yet	Higher-load strengthening tolerated
Phase 7	16-20 weeks	Functional progression and power	No unrestricted sport without testing	Functional drills without apprehension
Phase 8	20-24 weeks	Return-to-sport preparation	Time alone is not enough for clearance	Near-symmetric ROM and strength

Phase 1: 0 to 2 weeks**Goals**

- Protect the coracoid graft, fixation, capsule, and subscapularis.
- Control pain and swelling.
- Maintain hand, wrist, elbow, and cervical mobility.
- Begin low-level scapular awareness without stressing the repair.

Immobilization

Use the sling full-time, including sleep, except for hygiene and supervised exercises. Keep the arm supported when out of the sling.

Range of motion

- Hand, wrist, and elbow: full active motion as tolerated.
- Shoulder PROM upto 60 degrees
- Forward elevation in the scapular plane: commonly limited to about 60 degrees in stricter protocols.
- External rotation: limit to neutral to 20 degrees.
- Internal rotation: only gentle protected motion in the scapular plane is allowed.

Exercises

- Hand gripping and finger motion.
- Wrist flexion-extension and forearm pronation-supination.
- Elbow flexion-extension with the arm by the side.
- Cervical ROM and thoracic posture drills.
- Gentle scapular setting, retraction, and depression without shoulder loading.
- Cryotherapy and oedema control as needed.

Avoid

- Active shoulder elevation.
- Shoulder extension past neutral.
- Forceful stretching, pendulums if following a stricter protocol, and any combined abduction-external rotation.

Phase 2: 2 to 4 weeks**Goals**

- Continue protection while preventing avoidable stiffness.
- Improve tolerance to protected passive motion.
- Maintain distal limb mobility and scapular control.

Range of motion

- Continue hand, wrist, and elbow motion daily.
- Progress PROM gradually within pain-free limits.
- Forward elevation in the scapular plane can continue toward 90 degrees
- External rotation remains protected, usually no more than 40 degrees.

Exercises

- Continue all distal mobility drills.
- Continue scapular clocks, scapular retraction, and posture work.
- Begin very gentle submaximal deltoid or cuff isometrics only if specifically permitted and pain-free.
- Therapist-guided rhythmic stabilization in protected positions may be added in some protocols near the end of this phase.

Avoid

- Lifting, pushing, pulling, body-weight support, and resisted shoulder work.
- Aggressive ER stretching or painful end-range PROM.

Phase 3: 4 to 6 weeks**Goals**

- Transition from protection to early mobility.
- Begin assisted active motion with good mechanics.
- Reduce and wean off sling dependence as pain and control improve.

Range of motion

- AAROM begins and progresses to early AROM as tolerated.
- Forward elevation may progress toward about 140 degrees
- External rotation may progress toward 45 degrees in the scapular plane if symptoms are calm
- Begin gravity-minimized active motion before upright elevation.

Exercises

- Supine AAROM flexion and scapular-plane elevation.
- Assisted ER within limits.
- Continued scapular stabilization drills.
- Deltoid isometrics and light cuff activation if pain-free.
- Continue elbow, wrist, and grip exercises.

Progression criteria to 6+ weeks

- Pain is settling.
- No apprehension or instability episodes.
- Good quality assisted motion without major substitution.
- Tolerates sling weaning.

Phase 4: 6 to 8 weeks**Goals**

- Restore active motion.
- Normalize scapulohumeral rhythm.
- Begin light muscle activation without provoking anterior shoulder stress.

Range of motion

AROM and AAROM should continue to progress, but ER remains gradual and should not be forced. Internal rotation and extension upto pain tolerance allowed

Exercises

- Active elevation in supine, then seated and standing as mechanics improve.
- Light resisted ER, flexion, and abduction may begin
- Rhythmic stabilization and gentle closed-chain proprioceptive drills.
- Scapular upward rotation and retraction strengthening.

Avoid

- Push-ups, dips, flys, and heavy horizontal loading.
- Painful overhead strengthening.

Phase 5: 8 to 12 weeks**Goals**

- Achieve near-full ROM.
- Build rotator cuff, deltoid, and periscapular strength.
- Improve dynamic shoulder stability.

Exercises

- Theraband ER and IR.
- Seated and standing rows.
- Forward punch, scapular retraction, wall-based control drills.
- Side-lying ER, prone raises, prone row progression, and light dumbbell strengthening.
- Closed-chain weight-shift drills as tolerated.

Clinical emphasis

Keep strengthening below the horizontal plane initially if mechanics are poor or pain is present. Do not progress resistance at the expense of scapular control or joint stability.

Phase 6: 12 to 16 weeks**Goals**

- Reach full or near-full ROM.
- Increase muscular endurance and functional strength.
- Prepare for higher-level work demands and athletic tasks.

Exercises

- Progressive isotonic strengthening for cuff, deltoid, latissimus, biceps, triceps, and scapular muscles.
- Eccentric cuff and scapular work.
- Higher-level closed-chain control drills.
- Low-level plyometric preparation in selected patients once strength and control are adequate.

Avoid

- Contact sport and uncontrolled overhead loading.
- Progressing to sport drills if ROM remains limited or apprehension persists.

Phase 7: 16 to 20 weeks**Goals**

- Develop power, endurance, and shoulder confidence.
- Introduce sport- or work-specific patterns.

Exercises

- Advanced functional strengthening.
- Plyometrics and medicine ball drills for appropriate patients.
- Throwing or overhead progression only if cleared and mechanics are good.
- Agility and perturbation drills.

Criteria to progress

- Full pain-free ROM or near-symmetric ROM.
- No apprehension.
- Good scapular control in higher-demand tasks.
- Strength close to the opposite side.

Phase 8: 20 to 24 weeks**Goals**

- Return to unrestricted training or sport after objective readiness testing after clearance from Dr Rishabh Hegde
- Maintain full motion, strength, endurance, and stability.

Return-to-sport criteria**Clearance framework includes:**

- Full or near-full ROM, especially external rotation.
- Strength close to the contralateral side.
- No pain, no apprehension, and no instability symptoms.
- Successful completion of sport-specific or job-specific functional testing.



Dr Rishabh Hegde