Latarjet Procedure — Rehabilitation Protocol

Overview

- Coracoid transfer to anterior glenoid rim for recurrent anterior shoulder instability
- Sling for 4–6 weeks post-operatively
- No active external rotation or extension behind body for 6 weeks
- Full return to contact sport typically 9–12 months
- Physiotherapy commences 1–2 weeks post-operatively

Rehabilitation Phases

Phase 1 — Protection	Weeks 0–6
Goals: • Protect repair and coracoid transfer • Minimise pain and swelling • Maintain distal joint mobility	**Exercises & Interventions:** • Pendulum exercises • Elbow, wrist, and hand ROM • Scapular retraction (pain-free) • Gentle passive shoulder flexion to 90° • Ice and elevation
Precautions: ■ No active ER or extension behind body for 6 weeks ■ Sling at all times except exercises and hygiene ■ No shoulder abduction > 60° for 6 weeks	
Phase 2 — Active Motion	**Weeks 6–12**
Goals: • Restore full active range of motion • Begin rotator cuff activation • Normalise scapular kinematics	**Exercises & Interventions:** • Active-assisted shoulder flexion, abduction, ER/IR • Rotator cuff strengthening (theraband) • Scapular stabilisation exercises • Closed-chain upper limb exercises • Hydrotherapy if available
Precautions: ■ Avoid provocative positions (cross-body, behind-back) until cleared	

Rehabilitation Phases (continued)

Phase 3 — Strengthening	Weeks 12–20
Goals: • Restore full strength and endurance • Sport-specific conditioning • Proprioception and neuromuscular control	**Exercises & Interventions:** • Progressive resistance training — shoulder girdle • Plyometric upper limb exercises • Throwing/sport-specific drills (graduated) • Dynamic stabilisation drills • Return-to-sport functional testing
Phase 4 — Return to Sport	**Months 6–12**
Goals: • Full return to contact sport and overhead activity • Confident shoulder function in all planes	**Exercises & Interventions:** • Progressive contact and collision exposure • Sport-specific training at full intensity • Ongoing maintenance strengthening

Clinical Notes

- Graft union typically confirmed radiographically at 3–6 months
- Early nerve monitoring if subscapularis split technique used
- Swimmer and overhead athlete return to sport may require extended timeline
- Bone block position critical — confirm on post-operative CT if clinically indicated

References

1. Walch G, Boileau P. Latarjet-Bristow procedure for recurrent anterior instability. Tech Shoulder Elbow Surg. 2000.
2. Hovelius L, et al. The coracoid transfer for recurrent anterior dislocation of the shoulder. J Bone Joint Surg Am. 1983.
3. Burkhart SS, De Beer JF. Traumatic glenohumeral bone defects and their relationship to failure of arthroscopic Bankart repairs. Arthroscopy. 2000.
4. Lädermann A, et al. Outcomes of the Latarjet procedure for anterior shoulder instability. J Shoulder Elbow Surg. 2018.
5. Young AA, et al. Standard Latarjet procedure with near-anatomic glenoid reconstruction. Am J Sports Med. 2011.

This rehabilitation protocol is intended as a general guide for qualified physiotherapists and healthcare professionals. It should be adapted to individual patient presentation, surgical findings, tissue quality, and progress. All progression decisions should be made in consultation with the treating surgeon.