

Latarjet Shoulder Stabilisation Rehabilitation Protocol



Phase Overview

The following protocol is designed to guide you and your physiotherapist through your recovery.
Your treatment may be adjusted to meet your individual needs.

Avoid forcing any movement that causes sharp pain and maintain your exercises within your safe external rotation range

Exercises should be repeated 3 x daily.

Phase 1

Protection & Early
Range of Motion
(Weeks 0-4)

Phase 2

Controlled Range of
Motion & Early
Strengthening
(Weeks 5-8)

Phase 3

Advanced
Strengthening and
Functional
Rehabilitation
(Weeks 9-12)

Phase 4

Return to Sport
(3 Months +)

Important Movement Restrictions

External rotation (ER) range of motion should not be stretched into any pain and not beyond

From internal rotation at the abdomen to

Weeks 0-2: 0deg (neutral/sling position)

Weeks 2-4: 30deg

Weeks 4-8: 60deg

After week 8 increase as comfortable

Range of motion exercises should be performed 2-3 times a day.
Strength and control exercises to be performed 1-2 times per day.



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Phase 1

Protection & Early Motion

(Weeks 0-4)

Goals: Protect the Latarjet, reduce pain and swelling, maintain elbow/wrist/hand movement, and begin scapula control.

Precautions: Wear the sling full-time for 4 weeks; no lifting or overhead motion; limitations of external rotation external rotation; avoid stretching or pain provoking movements. Sleep in sling. Come out of sling for elbow and wrist range of motion exercises.

Progression: Begin pendular exercises, active assisted forward elevation to shoulder height (90deg) and external rotation from the abdomen to neutral for 2 weeks then to 30degrees from weeks 2-4.

Functional Drills / Strength / Control: Scapula setting.

Return to Work/Sport Guidelines: No sport or manual labour – focus on recovery. Writing and computer work permitted from when pain is controlled and swelling has reduced.

Maintenance: Regular ice packs, rest, and gentle mobility exercises.

Phase 2

Controlled Motion & Early Strengthening

(Weeks 5-8)

Goals: Restore range of motion, early rotator cuff and scapula strength, and maintain stability.

Precautions: Avoid sudden or heavy movements; limit ER to $<60^\circ$; no overhead lifting. Do not push past pain limits.

Progression: Active-assisted ROM to 120° flexion; ER to 60° ; IR to lumbar spine. Exercises may include: prone scapular setting with horizontal extension, abduction external rotation drills with arm in higher ranges of abduction, internal rotation strengthening in differing ranges of abduction, internal and external rotation, bent elbow shoulder flexion and extension, light weight seated rows for mid and lower trapezius strengthening.

Functional Drills / Strength / Control: Band work, scapula rows, wall push-ups

Return to Sport Guidelines: Light aerobic activity and daily tasks below shoulder height only. No weight training unless in the presence of a physiotherapist.

Maintenance: Daily posture and mobility work; avoid stiffness.

Phase 3

Advanced Strength & Functional Rehabilitation

(Weeks 9-12)

Goals: Achieve near-full ROM, increase strength and endurance, restore confidence and control.

Precautions: Avoid overstretching or fast overhead motion.

Progression: Full pain-free ROM; gradual resistance increases with bands and weights. Can start bicep strengthening.

Functional Drills / Strength / Control: Push-ups, proprioceptive and core work. Reaction speed and ball work.

Return to Sport Guidelines: sport specific exercises with the goal to return to sport after 3 months.

Maintenance: Continue strengthening 2–3 times/week; maintain range of motion exercises.



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Phase 4

Return to Sport

(3 Months +)

Goals: Safely return to sport or work, maintain long-term shoulder health.

Precautions: Return only with Dr Constantin's permission once full ROM and strength is restored.

Return to Sport Guidelines: Strength training alone can start from 12 weeks. Athletes can return to sports if goals are met and full range of motion is restored.

Key Principles for your Recovery

Follow range of motion limitations, in particular external rotation

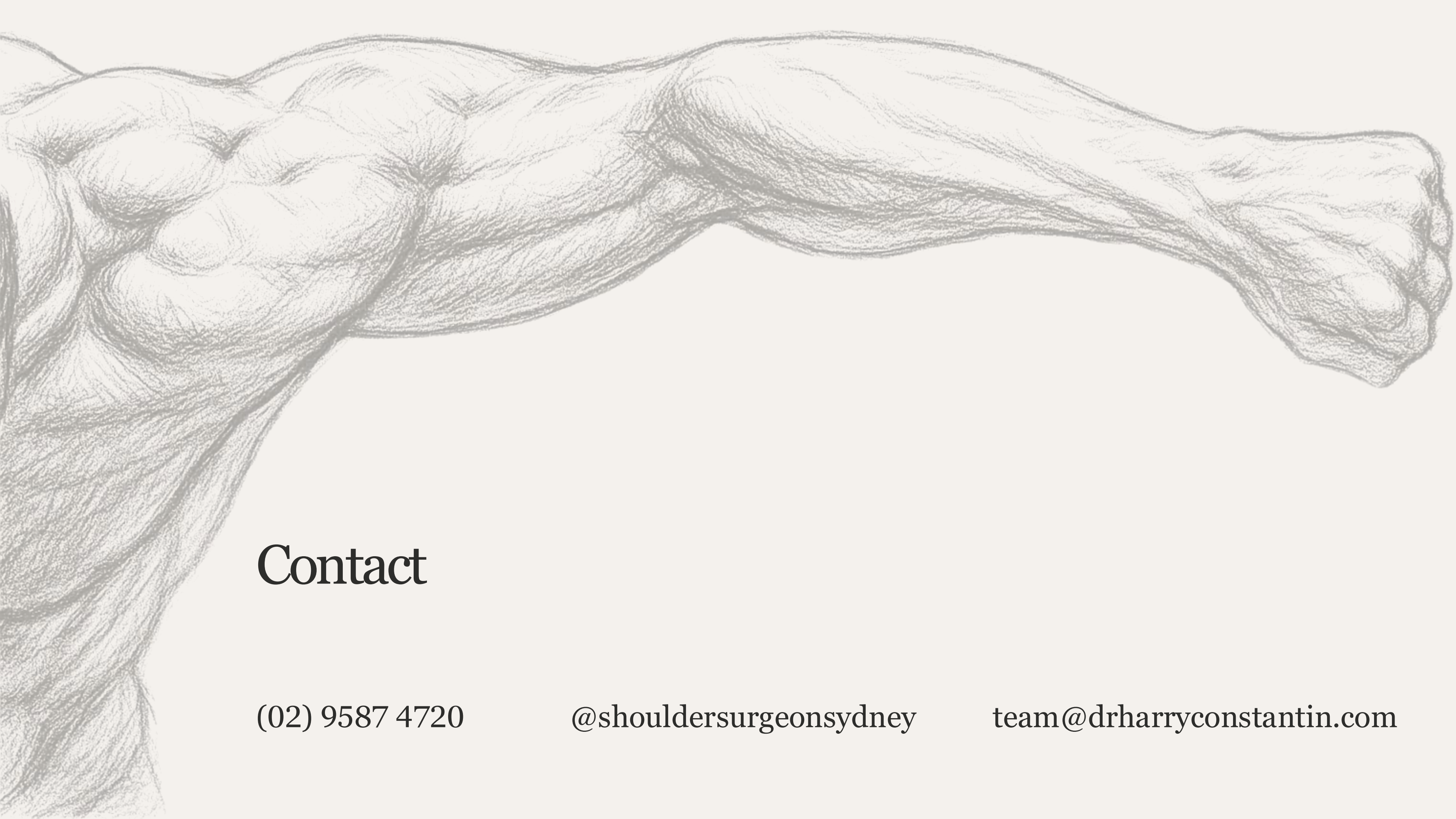
Avoid pain and do not force any movements or exercises

Focus on control, posture, and gradual progression, not speed

Regular physiotherapy reviews will ensure a guided safe and steady recovery



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