

REHABILITATION PROTOCOL

Latarjet Shoulder Stabilisation

Your guide to recovery



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON



WELCOME

Your guide to recovery

following Latarjet stabilisation

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



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Your recovery in *four phases*

This 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 keep your exercises within your safe external rotation range.

1	Protection & Early Motion	WEEKS 0-4
2	Controlled Motion & Early Strengthening	WEEKS 5-8
3	Advanced Strength & Function	WEEKS 9-12
4	Return to Sport	3 MONTHS +

Key principles



Follow your range of motion limits – in particular external rotation



Avoid pain, and never force any movement or exercise



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

2-3× a day

RANGE OF MOTION EXERCISES

1-2× a day

STRENGTH & CONTROL EXERCISES

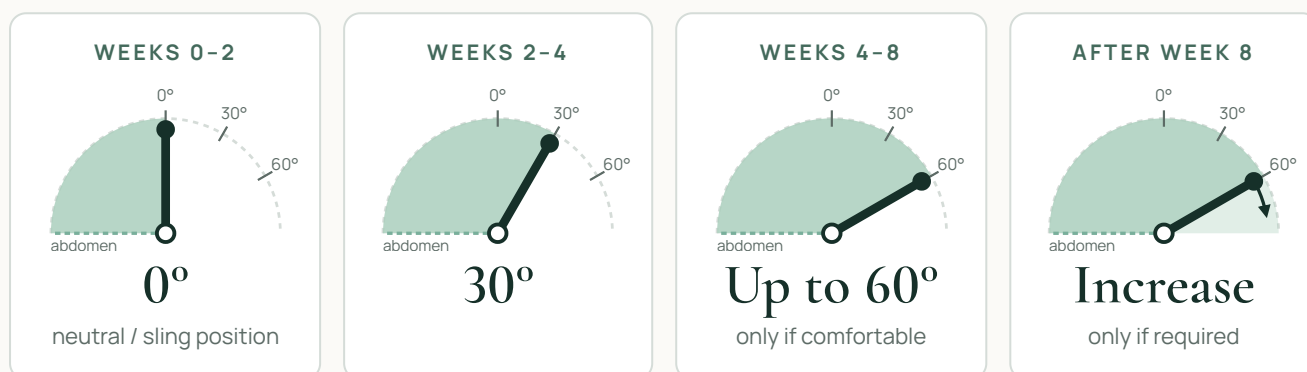
Protect your external rotation



Do not stretch external rotation

Never stretch into pain, and never go beyond the limit for your current stage.

Measured outwards from internal rotation, with your hand resting on your abdomen:



■ Your safe range Viewed from above — elbow at your side, forearm moving outwards from your abdomen

These are **upper limits, not targets**. Many people will not reach 60°, and may not need to — your goal is to match your other shoulder, which may have less rotation. Only move as far as is comfortable.

External rotation exercise

- 1 Keep your elbow tucked in to your side and bent at 90°.
- 2 Gently rotate your forearm outwards, only within the range allowed for your current stage.
- 3 Move slowly and with control, without pain.



Protection & Early Motion

WEEKS 0-4

1

GOALS

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

PRECAUTIONS

- ◆ Wear the sling full-time for 4 weeks, including while sleeping
- ◆ Come out of the sling only for elbow and wrist range of motion exercises
- ◆ No lifting or overhead movement
- ◆ Respect your external rotation limits
- ◆ Avoid stretching or pain-provoking movements

PROGRESSION

FORWARD ELEVATION

90°

active assisted, to shoulder height

EXTERNAL ROTATION

0° → 30°

neutral weeks 0-2, then 30° weeks 2-4

- Pendular exercises
- Active assisted forward elevation to shoulder height (90°)
- External rotation from the abdomen to neutral for 2 weeks, then to 30° from weeks 2-4

STRENGTH & CONTROL

Scapula setting.

WORK & SPORT

No sport or manual labour — focus on recovery. Writing and computer work are permitted once pain is controlled and swelling has reduced.

MAINTENANCE

Regular ice packs, rest and gentle mobility exercises.

Controlled Motion & Early Strengthening

2

WEEKS 5-8

GOALS

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

PRECAUTIONS

- ◆ Avoid sudden or heavy movements
- ◆ Limit external rotation to under 60°
- ◆ No overhead lifting
- ◆ Do not push past pain limits

PROGRESSION

FLEXION

120°

active assisted

EXTERNAL ROTATION

60°

maximum – not a target

INTERNAL ROTATION

Lumbar spine

hand behind back

Exercises may include:

- Prone scapular setting with horizontal extension
- Abduction / external rotation drills with the 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

STRENGTH & CONTROL

Band work, scapula rows, wall push-ups.

WORK & SPORT

Light aerobic activity and daily tasks below shoulder height only. No weight training unless supervised by your physiotherapist.

MAINTENANCE

Daily posture and mobility work; avoid stiffness.

Advanced Strength & Function

3

WEEKS 9-12

GOALS

Achieve near-full range of motion, increase strength and endurance, and restore confidence and control.

PRECAUTIONS

- ◆ Avoid overstretching
- ◆ Avoid fast overhead movements

PROGRESSION

RANGE OF MOTION

Full

pain-free

- Gradually increase resistance with bands and weights
- Biceps strengthening can begin

STRENGTH & CONTROL

Push-ups, proprioceptive and core work. Reaction speed and ball work.

WORK & SPORT

Sport-specific exercises, with the goal of returning to sport after 3 months.

MAINTENANCE

Continue strengthening 2-3 times per week; maintain range of motion exercises.

Return to Sport

3 MONTHS +

GOALS

Return safely to sport or work, and maintain long-term shoulder health.

PRECAUTIONS

- ◆ Return to sport only with Dr Constantin's permission, once full range of motion and strength are restored

WORK & SPORT

Strength training on its own can start from 12 weeks. Athletes can return to sport once their goals are met and full range of motion is restored.

Return to sport checklist

- ☐ Full pain-free range of motion
- ☐ Strength restored
- ☐ Functional testing completed
- ☐ Sport-specific rehabilitation completed
- ☐ Cleared by Dr Constantin

Return to contact or collision sport may be later, depending on your individual recovery and Dr Constantin's assessment.