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SHOULDER LATERJET PROCEDURE

POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 2	**SLING:** 4-6 weeks **ROM:** No GHJ ROM x 2 weeks **EXERCISE PROGRESSION** • Cervical ROM, basic deep neck flexor activation (chin tucks) • Active hand and wrist ROM • Passive elbow flexion/extension • Active shoulder retraction • Walks, low intensity cardio exercise to promote healing **MANUAL INTERVENTION** • UT, parascapular STM as needed. Effleurage massage to forearm and upper arm as needed.	• Reduce inflammation • Decrease pain • Postural education
	2 to 4	**EXERCISE PROGRESSION** • Supine flexion using contralateral arm for ROM 3x/day. • Supine ER using T-bar. • Shoulder pendulums. • DNF and proper postural positioning with shoulder retraction exercises. • Cervical ROM. • Low/moderate cardio work; Elliptical okay, no running. **MANUAL INTERVENTION** • STM – global shoulder and CT junction. • Scar tissue mobilization when incisions are healed. • Graded GH mobilizations. • ST mobilizations. • Gentle sub-maximal isometrics to achieve ROM goals.	• Postural education with cervical spine; neutral scapular positioning • Shoulder flexion to 120° by week 4 • Shoulder external rotation 30-45° at 45° abduction by week 4.
PHASE II	4 to 6	**EXERCISE PROGRESSION** • Serratus activation; Ceiling punch (weight of arm) many initially need assistance. • Manual perturbations supine, arm in 90° flexion, ER/IR at 0°. • Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Cervical ROM as needed to maintain full mobility. • DNF proper postural positioning with all RC/SS exercises. • Low/moderate cardio work; Elliptical okay, but no running. • Continue with combined passive and active program to push full flexion and external rotation achieving ROM goals outlined above. • Stick off the back progressing to internal rotation with thumb up back and sleeper stretch. • Sub-maximal 6 direction rotator cuff isometrics (no pain). **MANUAL INTERVENTION** • STM – global shoulder and CT junction. • Scar tissue mobilization. • Graded GH mobilizations. • ST mobilizations. • Gentle CR/RS to gain ROM while respecting repaired tissue.	• Discontinue sling as instructed. • Shoulder flexion to 150°+ by week 6. • Shoulder external rotation 45°-60° at 75° abduction. • Patient should approach full ROM by week 10. • Internal rotation to belt line.

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PHASE III	6 to 12	**EXERCISE PROGRESSION** • Continue with combined passive and active program to push full flexion and external rotation. • Internal rotation with thumb up back and sleeper stretch. • Continue with ceiling punch adding weight as tolerated. • Advance intensity of sub-maximal rotator cuff isometrics. May discontinue once isotonic RC/SS program is fully implemented. • Advance prone series to include T's and Y's adding resistance as tolerated. • Resisted ER in side-lying or with bands. • Gym: rows, front lat pulls, biceps and triceps. • Scaption; normalize ST arthrokinematics. • Supine progressing to standing PNF patterns, adding resistance as tolerated. Protect end range 90/90. • CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. 1/2 to 3/4 ROM protecting the anterior shoulder capsule. • Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position. **MANUAL INTERVENTION** • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns.	• Gradual progression to full P/AROM by week 10-12 • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression.
PHASE IV	12 to 24	**EXERCISE PROGRESSION** • Full range of motion all planes protecting end range 90/90. • Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient goals/objectives will determine if strengthening above 90° is appropriate. • Progress RC and scapular strengthening program. • Continue with closed chain quadruped perturbations; add open chain as strength permits. • Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises. • Initiate plyometric and rebounder drills as appropriate. • RTS testing for interval programs (golf, tennis etc.). • Follow-up examination with the physician (6 months) for release to full activity. **MANUAL INTERVENTION** • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. **CRITERIA FOR RETURN TO PLAY** • Full, pain-free ROM • Normal GH/ST arthrokinimatics • >90% MMT using handheld dynamometer • Full progression through interval program • Anticipated return to play for contact athlete is 4 months • Anticipated return to play for throwing athlete, swimmer and volleyball is 6-9 months.	• Gradual progression to full ROM with protection at end range 90/90. • Normalize GH/ST arthrokinematics. • Advance gym strengthening program. • Begin RTS progression. • Evaluation with physician for clearance to full activity.