

## **Bristow/Latarjet (Coracoid transfer) Procedure**

### **Physical Therapy Post-op Protocol**

**\*Blood Flow Restriction (BFR) encouraged at all stages**

#### **Weeks 0-3**

**Primary goals: Eliminate swelling; initial ROM**

- Sling for 4 weeks for comfort, immobilizer during sleep for 4 weeks
- Elbow/Hand ROM
- Hand gripping exercises
- Initiate scapular stabilization exercises
- passive ROM, active assist in scapular plane, belt to forehead motion (salute), pendulums
- Ice, modalities as indicated

#### **Weeks 3-6**

**Primary goals: Increase ROM and scapular stabilization, initial strength**

- Discontinue sling at 4 weeks
- Continue gentle ROM exercises (PROM and AAROM)
  - Limit ER to 20 deg at side
- No excessive ER, extension or elevation
- Core stabilization and balance/proprioceptive training
- Advance scapular strengthening program
- Rotator cuff, deltoid isometrics

#### **Weeks 6-12**

**Primary goals: Full ROM, increase strength**

- Gradually improve to full ROM, ok for ER
- Continue scapular strengthening, core stabilization program, balance and proprioceptive training
- Resisted rotator cuff strength, ER, forward flexion, abduction
- 8 weeks, begin resisted internal rotator, extension, scapular retraction

#### **Weeks 12-24 weeks**

**Primary goals: Full painless ROM, advanced strength**

- Advance strengthening as tolerated
- Closed chain scapular rehab and functional rotator cuff strength, focus on anterior deltoid, teres, maximize subscapular stabilization
- Continue core stabilization program, balance and proprioceptive training
- Consider lower body conditioning program
- Progress with weights as tolerated (i.e., shoulder flexion, abduction, internal and external rotation, extension, supraspinatus, etc.). Continue emphasis on strengthening the rotator cuff musculature.
- Add isokinetic strengthening and endurance exercises at the faster speeds (e.g., 200/sec or faster) for internal and external rotation. May add other directions (e.g., flexion, abduction) as needed.
- Add horizontal abduction with scapular adduction (i.e., prone position, horizontally abducting the humerus from 90° horizontal adduction to 0°).