



Physical Therapy Prescription – Latarjet (Coracoid Transfer)

Name: _____

Date: _____

Diagnosis: R / L Latarjet (Coracoid Transfer)

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

Phase I (Weeks 0 – 6):

- **Sling with abduction pillow:** Continue for a total of 6 weeks including sleep; remove only for hygiene
- **Range of Motion:** PROM only for first 6 weeks, to patient tolerance
 - Weeks 0-4: Goals of FF 140°, ER 25° in 30° of ABD, ABD 60-80°; limit IR to 45° in 30° of ABD
 - Weeks 4-6: increase PROM to tolerance, increase ER to 45° in 30° of ABD
- **Exercises:**
 - Weeks 0-4: pendulums, grip strengthening, isometric scapular stabilization; elbow/wrist/hand ROM
 - Weeks 4-6: begin gentle joint mobilizations; limit ER to passive 45°
 - No active IR or extension; no canes or pulleys
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase PROM as tolerated, begin AAROM/AROM
- **Exercises:**
 - Weeks 6-8: begin light rotator cuff/deltoid/biceps isometrics
 - Weeks 8-12: begin light resisted ER, FF, ABD, and IR exercises; begin extension and scapular retraction exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Months 3 – 6):

- **Range of Motion:** Full without discomfort
- **Exercises:** continue Phase II, advance as tolerated, include closed chain scapular rehabilitation and functional rotator cuff strengthening; focus on anterior deltoid and teres
 - **Month 4:** advance strengthening as tolerated from isometrics to therabands to light weights; emphasize low-weight, high rep exercises
 - **Month 5-6:** Shoulder plyometrics, sport specific training
- Consider return to sport at 20-24 weeks pending surgeon approval and desired sport
 - ROM + Strength must be near equal to contralateral shoulder prior to RTS

Signature: _____

Date: _____