REHAB PROTOCOL

Arthroscopic Anterior Stabilisation +/- Open Laterjet

POST-OP GUIDELINES

Aim of surgery: To repair the detached anterior-inferior labrum (Bankart lesion) to the glenoid thereby improving stability.

Possible complications to be considered during rehabilitation: Tight inferior capsule.

Post-operative rehabilitation is the same following both a Bankart repair and a Laterjet procedure.

The Laterjet procedure is often more uncomfortable post-operatively as it is a more extensive operation and the patient may experience some restriction into both elevation and external rotation when rehabilitation has been completed.

Therapists are expected to use clinical reasoning for each individual and implement alternative treatment strategies as appropriate. The reasoning and action should be documented in the patient notes.

PRIOR TO DISCHARGE

- Teach polysling use and axillary hygiene; Instructions given for the correct removal of sling for washing and dressing.
- Must wear polysling (with waist strap) for **3 weeks (including at night).**
- Instruct re. positioning for pain relief / sleeping etc.
- Passive flexion to tolerance, abduction to 90degrees and external rotation to neutral (unless otherwise directed in the op note).
- Patient to start pendular exercises after block wears off and encourage to complete every hour for both pain relief and mobility.
- Teach active elbow, wrist and hand exercises.
- Teach patient how to table slide into flexion; closed kinetic chain aspect will enhance proprioception (consider the initiation of this movement with the legs to facilitate local activation through the kinetic chain).
- If arthroscopic procedure low-level rotator cuff exercises taught (<30% MVIC)
- Arrange outpatient physiotherapy for **1-week** post op.

0-2 WEEKS

- **Check Sling compliance and review wound portals.**
- Ensure axillary hygiene being maintained / postural advice / pain relief etc.
- Continue to encourage completion of pendular exercises every hour for both pain relief and mobility.
- Progress AAROM exercises as required; encourage proprioceptive rich exercises through the use of closed kinetic chain activities e.g. wall slide, table slide
- Consider the kinetic chain early; initiate movement with legs or trunk to facilitate local shoulder recruitment e.g. single leg stand, step ups.
- Initiate active ROM exercises at 2 weeks; flexion as tolerate, abduction to 90degrees and external rotation to 20degrees (unless otherwise directed in the op note).

2-6 WEEKS

- Discard sling at 3 weeks.
- Continue active-assisted, active ROM and isometric rotator cuff exercises.
- Facilitate rotator cuff activity during elevation e.g. back of hand wall slides up wall.
- Progress kinetic chain rehabilitation e.g. single leg stand with eyes closed, trunk rotation, bridging.
- Do not stretch beyond neutral external rotation or 90 degrees of abduction until 4 weeks post-operatively.

6-12 WEEKS

Goal: Increase ROM to normal by 12 weeks.

- Starting with **active assisted progressing to active range of motion exercises**, increase external rotation past 20degrees and abduction past 90degrees as able. Be guided by what the patient can do and neuromuscular control around the shoulder.
- AIM TO HAVE ACHIEVED FULL SHOULDER RANGE OF MOVEMENT (active equal to passive).
- Continue to acilitate rotator cuff activity during elevation.
- Correct abnormal movement patterning and dynamic stability through full range of movement.
- Progress rotator cuff rehabilitation (control / strength / endurance through range).
- Continue to incorporate the kinetic chain e.g. squats, lunges, wall squats with arm elevation.
- **No terminal stretches into combined external rotation/abduction until 12 weeks.**

12 WEEKS

Goal: Progress RC control, RC strength & commence sports specific training

- Work on RC control into increasing ranges of ER in abduction; ensure optimal neuromuscular control.
- Strengthen the rotator cuff through a full range of movement.
- No limits on external rotation in neutral or in abduction.
- Begin stretches into end range external rotation in abduction.
- Ensure home exercise programme is function-specific and incorporates end range stability.
- Progress closed kinetic chain exercises e.g. over the top on a gym ball
- Encourage maintenance of the kinetic chain e.g. single leg hops, advanced balance exercises, lower limb strength
- Add plyometric work at 12 weeks if appropriate to patient's goals e.g. throwing, impact training.
- General sport specific training.

EXPECTED MILESTONES

- Home on day of surgery
- Block to wear off approximately 24 hours post-op
- Polysling with strap for 4 weeks
- Commence ADL's after 6 weeks
- GP Removal of sutures 10-14 days post-op
- Out-patient physio 1 weeks post-op
- Out-patient clinic 12 weeks post-op
- Return to normal 12 months

Significant deviation from milestones should be discussed with surgeon.

RETURN TO ACTIVITY

Return to activity should ideally be bespoke to patient's pathology, specific surgical procedure performed, and career/sporting circumstances.

Activity		**Earliest return**
RTW	Sedentary	10/7-6/52
	Manual	6/12
Lifting	Light	6/52
	Heavy	3/12
Driving		Not while in sling. Usually after 8/52
Swimming	Breaststroke	6/52
	Freestyle	3/12
Cycling	Road	3/12
	Mountain	3/12
Contact sports		6/12

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