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**Post-operative Physiotherapy Pathway for Anterior Stabilisation of Shoulder –( Bankart Repair and Latarjet Procedure)**

<b>Owner:</b>	Benjamin Thomas Physiotherapy and Orthotics Manager
<b>Approved by</b>	Therapies Clinical Governance Group
<b>Approval Date</b>	19 <sup>th</sup> July 2023
<b>Review Date</b>	19 <sup>th</sup> July 2026 This is the most current document and should be used until a revised version is in place

**Key Amendments**

<b>Date</b>	<b>Amendments</b>	<b>Approved by:</b>
25 <sup>th</sup> January 2023	Document extended to 30 <sup>th</sup> June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 <sup>rd</sup> June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19 <sup>th</sup> July 2023	Document reviewed and approved for 3 years	Therapies Governance Group

**Therapist Information**

- The stabilisation undertaken will either be a soft tissue procedure (e.g. arthroscopic Bankart repair) or a bony procedure (e.g. Latarjet Procedure)
- The aims of Physiotherapy are to protect the repair in the early stages and then to maximise function
- Occasionally there may be an open Bankart repair carried out
- The operation notes may state a ‘safe zone of repair’ in which movement can be carried out earlier without tension on the repair, for an arthroscopic Bankart repair.
- Do not push through pain- remember pain inhibits rotator cuff control
- Do not sacrifice quality of movement for ROM
- **Do not over stretch into combined ABD/ER**

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## Procedures

- **Arthroscopic** – This is the preferred method of operation
- **Open** – Not so widely used, may be used for a failed arthroscopic procedure
- **Latarjet** – Mainly used when there is some bone loss from the front of the glenoid or individuals returning to a high level sport. It involves transfer of the coracoid with its attached muscles to the deficient area over the front of the glenoid. This replaces the missing bone and the transferred muscle also acts as an additional muscular strut preventing further dislocations.

## Aims of Physiotherapy

### Check operation notes for individual details and to check if there is a documented safe zone

- Regain scapular and glenohumeral stability working for shoulder joint control rather than range.
- Gradually increase range of movement.
- Strengthen the rotator cuff muscles
- Increase proprioception through open and closed chain exercises.
- No abduction coupled with rotation until after 6 weeks

## Post – Op

### Day 1- 3 weeks

- Master sling for 3 weeks
- Finger, wrist and radio ulnar movements
- Assisted elbow flexion and extension in standing
- Teach axillary hygiene
- Teach postural awareness
- Scapular setting exercises
- Teach pendular exercises
- Passive flexion to 90° as comfortable or active assisted movements within the safe zone if there is one documented
- Passive external rotation to neutral as comfortable
- Home when comfortable
- **Do not force or stretch**
- **No combined abduction with external rotation**

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### 3 – 6 weeks

- Patient attends for review at clinic and stitches if any are removed. The body belt section of the master sling is also removed.
- Wean from sling as comfort allows
- Proprioceptive exercises/closed chain exercises.
- Active ROM exercises as comfort allows
- Start gentle isometric exercises – taking care with laterjet or open procedures to protect Subscapularis
- **Do not force or stretch.**
- **No combined abduction with external rotation**

### 6 – 12 Weeks

- Regain scapula and glenohumeral stability working for shoulder joint and scapular control through full range
- Gradually regain active movement
- Progress combined abduction with external rotation through range
- Increase proprioception through open and closed chain exercises
- Strengthen
- Check for posterior tightness and treat if required
- Start sport specific rehabilitation

### Milestones

**Week 6** – active elevation to pre-op level

**Week 12** – minimum 80% range of external rotation compared to asymptomatic side  
Normal movement patterns throughout the range

### Return to Activities

<b>Return to work</b>	Light duties as tolerated. Heavy duties 3 months
<b>Driving</b>	6 to 8 weeks
<b>Swimming</b>	Breaststroke 6 weeks: freestyle 3 months
<b>Golf</b>	3 months
<b>Contact sports</b>	Including horse riding, football, martial arts, racket sports and rock climbing - Bankart repair 5-6 months - Laterjet 3-4 months