



Brian Bjerke, MD

Laterjet Procedure

Post-Operative Protocol

Phase I – Maximum Protection (Weeks 0 to 6):

- Goals:
 - Reduce inflammation
 - Decrease pain
 - Postural education
 - PROM as instructed
- Restrictions/Exercise Progression:
 - Sling x 6 weeks
 - Ice and modalities to reduce pain and inflammation
 - Cervical ROM and basic deep neck flexor activation (chin tucks)
 - Instruction on proper head neck and shoulder (HNS) alignment
 - Active hand and wrist range of motion
 - Passive biceps x 6 weeks (**AAROM** if no release or tenodesis)
 - Active shoulder retraction.
 - Passive range of motion (gradual progression)
 - -**No motion** x 2 weeks
 - -Flexion 0°-90° x weeks 2-4, then 110°-120° Week #4-6, then progress to full
 - -External rotation @ 0°: 0°- 10° X weeks 2-4, progress to 20° weeks 4-6
 - -Avoid internal rotation (thumb up back) until 8 weeks post-op
 - Encourage walks and low intensity cardiovascular exercise to promote healing
- Manual Intervention:
 - STM – global shoulder and CT junction
 - Scar tissue mobilization when incisions are healed
 - Graded GH mobilizations
 - ST mobilizations

Phase II – Progressive Stretching and Early Strengthening (Weeks 6 to 8):

- Goals:
 - Discontinue sling unless instructed

- Postural education.
- Focus on posterior chain strengthening.
- Begin AROM.
- P/AAROM:
- Flexion 150°+
- 30-50° ER @ 0° abduction
- 45-70° ER at 70-90° abduction
- Exercise Progression:
 - Progress to full range of motion flexion and external rotation as tolerated
 - Use a combination of wand, pulleys, wall walks or table slides to ensure compliance
 - Gradual introduction to internal rotation using shoulder extensions (stick off back)
 - Serratus activation; Ceiling punch (weight of arm) many initially need assistance
 - Scapular strengthening – prone scapular series (rows and I's)
 - Emphasize scapular strengthening under 90°
 - External rotation on side (no resistance)
 - Gentle therapist directed CR, RS and perturbations to achieve ROM goals
 - Cervical ROM as needed to maintain full mobility
 - DNF and proper HNS alignment with all RC/SS exercises
 - Low to moderate cardiovascular work
 - May add elliptical but no running
- Manual Intervention:
 - Soft tissue mobilization- global shoulder and CT junction
 - Scar tissue mobilization
 - Graded GH mobilization
 - ST mobilizations
 - Gentle CR/RS to gain ROM while respecting repaired tissue

Phase III – Strengthening Phase (Weeks 8 to 12):

- Goals:
 - 90% passive ROM, 80-90% AROM by 12 weeks
 - Normalize GH/ST arthro-kinematics
 - Activate RC/SS with isometric and isotonic progression
 - Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading
- Exercise Progression:
 - Passive and active program pushing for full flexion and external rotation
 - Continue with stick off the back progressing to internal rotation with thumb up back and sleeper stretch
 - Add resistance to ceiling punch
 - Sub-maximal rotator cuff isometrics (no pain)
 - Advance prone series to include T's

- Add rows with weights or bands
- Supine chest-flys providing both strength and active anterior shoulder stretch
- Supine (adding weight as tolerated) progressing to standing PNF patterns
- Seated active ER at 90/90
- Biceps and triceps PRE
- Scaption; normalize ST arthro-kinematics
- 10 weeks; add quadruped or counter weight shift
 - 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

Phase IV – Advance Strengthening and Plyometric Drills (Weeks 12 to 24):

PRE/PSE (Weeks 12-20):

- Exercise Progression:
 - Full range of motion all planes – emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch
 - 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 health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate
 - Add lat pulls to gym strengthening program; very gradual progression with pressing and overhead activity
 - Continue with closed chain quadruped perturbations; add open chain as strength permits
 - Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate
 - Initiate plyometric and rebounder drills as appropriate

Return to Sport Program (Weeks 20-24):

- Exercise Progression:
 - Continue to progress RC and scapular strengthening program as outlined.
 - Advance gym strengthening program
 - RTS testing for interval programs (golf, tennis etc.)
 - Microfet testing as appropriate
 - 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

*Please feel free to contact Dr. Brian Bjerke's office with any questions or concerns. Dr. Bjerke's care coordinator Andria Larson is available by phone at 952-456-7095.