



Latarjet, Open Bankart, and Anterior Capsular Shift

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Latarjet, Open Bankart, and anterior capsular shift are usually performed to treat anterior inferior glenohumeral instability. Open Bankart involves subscapularis tenotomy and repair. Latarjet does not involve subscapularis tenotomy. Anterior capsular shift involves subscapularis tenotomy and repair.

Patients are discharged with a sling. Patients wear a sling for a total of 4 weeks after surgery. Active use of the extremity is not permitted during this period. Range of motion may be started in all directions.

After the dressing is removed you may shower quickly and gently pat your shoulder dry with a clean towel. When in the shower you are to wear a sling to protect your shoulder from injury. If there is any drainage or concern about the healing of the incisions do not shower and just gently clean the surface of the shoulder with rubbing alcohol.

Weeks 0-6

- No range of motion for 1st week after surgery
- During the 2nd week after surgery passive self-assisted supine forward elevation, supine external rotation, supine cross chest adduction, and standing internal rotation
- Range of Motion Goals
 - Week 0-2 – FE 90°, ER 0°, IR buttock
 - Week 3-4 – FE 120°, ER 20°, IR L3
 - Week 5-6 – FE 145°, ER 45°, IR T12
- Isometric deltoid (anterior, middle, posterior) begin week 3
- Isometric internal rotation, external rotation begin week 6
- Scapular stabilization (rhomboid, trapezius, serratus anterior) start week 2-6
- Begin light active use after sling discontinued

Weeks 6-12

- If ROM goals easily met stop passive self-assisted stretching and gain motion with active ROM exercises. Active ROM- begin after 6 weeks

- Expected active range of motion goal after 12 weeks is slight limitation in all directions