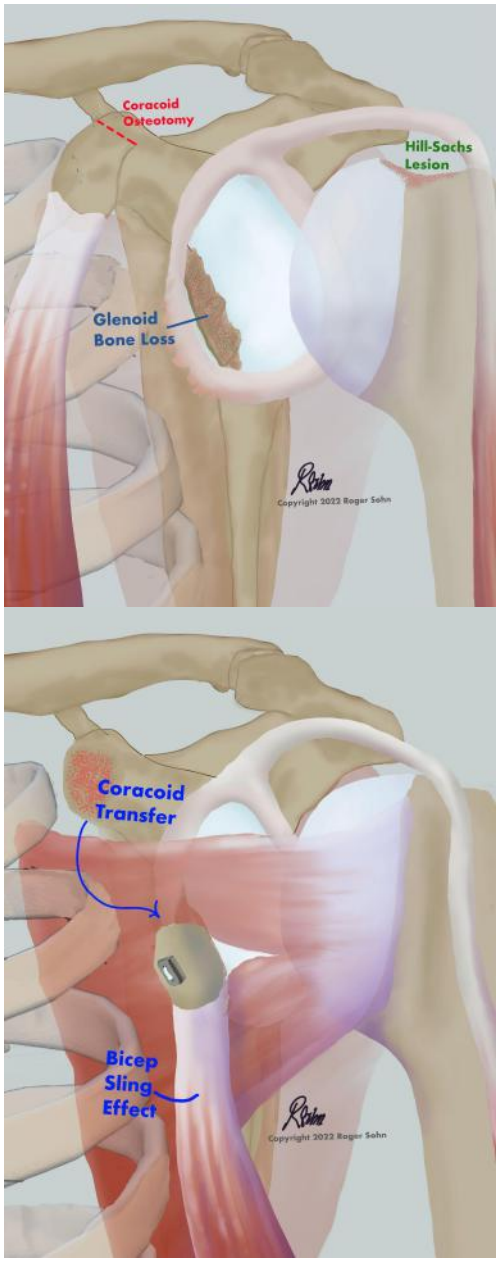
Roger C. Sohn, MD
The Shoulder and Upper Limb Center
949-691-3131
www.ocahealth.com

SHOULDER INSTABILITY: LATARJET or BONE BLOCK PROTOCOL



When the shoulder dislocates, it damages the ligaments that stabilize the ball and socket joint. Further dislocations can damage the glenoid bone and humeral head. This bone loss can make the shoulder prone to more dislocations.

We can stabilize the shoulder using a transfer of the coracoid process of the shoulder. This helps by adding width to the bone socket. This can also be accomplished by using a cadaver bone and cartilage graft. The surgery takes about 2 hours and usually takes place at an outpatient surgery center.

During the first 6 weeks after surgery, you need to let the coracoid bone to heal to the socket. During that time, you should be doing gentle stretching exercises with physical therapy, but you should avoid lifting more than a cell phone. After 6 weeks, we let you start using your own power to move the shoulder. At the 3 month mark, we allow strengthening to begin without restrictions. Athletes are allowed to return to sports between 4 and 6 months depending on the level of contact.

As we discussed, there are risks of the surgery. The risks include, but are not limited to infection, bleeding, damage to nearby structures such as nerves or arteries, stiffness, scar tenderness, recurrent instability, anesthesia risks including death or disability due to any of the above. There is about a 10% chance of recurrence. Sometimes, additional surgeries might be necessary and recovery could be unexpectedly prolonged if complications arise.

This guide is a summary of the postoperative protocol.

Preop Instructions:

We will prescribe Duac gel which is an antibacterial gel. Please use it for 3 days leading up to the surgery, including the day of surgery. Apply this gel to the shoulder, armpit, and up into the neck after your morning shower. Let the gel dry, and then put on your clothes afterwards. This will help reduce the disease-causing bacteria that live in your sweat glands and help to prevent an infection. Avoid getting it on clothing because it can bleach the fabric.

Post-Operative Care:

Activity: You will go home in an immobilizer. This immobilizer is very important for keeping tension off of the repaired tendon. You should take the immobilizer off to do gentle pendulum exercises several times a day. Ice the shoulder for 3-5 days after the surgery. It is very important that you do not use your own power to move your arm for the first 8 weeks after surgery. You should not do any resistance exercises until after the 10 week mark.

Wound Care:
There will be strips of medical tape on your incisions. You can change the outer dressing on the third day after the surgery and shower. Leave the strips of tape in place. Keep a light dressing on until it is dry. Ice can be used for 2 hours on and 2 hours off, alternating.
Signs of infection include redness, pain, fever, and feeling ill. All wounds have some swelling and drainage, but if you have concerns, please call the office.

Medications:
You will go home after surgery with the prescription pain medication to be used as directed.
Follow our multimodal pain medicine protocol as directed at your preop visit.
Please take Vitamin C 500mg and Vitamin D 1000 units every day to help with healing.

We look forward to being your partner on your recovery journey.

Sincerely,

Roger C. Sohn, MD
949-940-8462

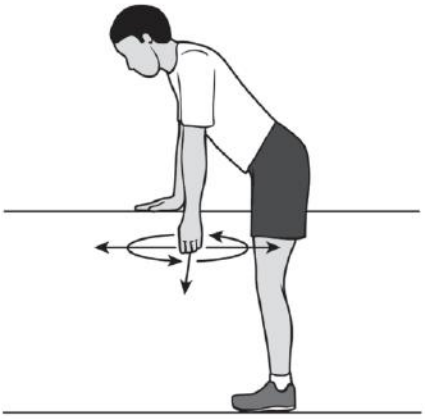
LATARJET PROCEDURE PHYSICAL THERAPY PROTOCOL:

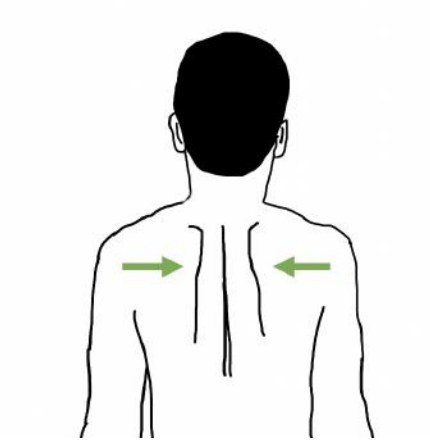
I ask my patients to follow a simplified physical therapy regimen. It consists of 3 phases.

Phase I (Weeks 1-6): Passive shoulder range of motion emphasized. Gentle active assisted motion is allowed with supraspinatus and infraspinatus precautions in case Remplissage is performed.

The shoulder immobilizer is to be worn in public but discontinued at home after 2 weeks. It may be removed for showering and when doing exercises. Pendulum exercises can start right away. The main goals of this phase are to let the coracoid transfer heal to the socket while maintaining range of motion. Avoid the abducted externally rotated (ABER) position.

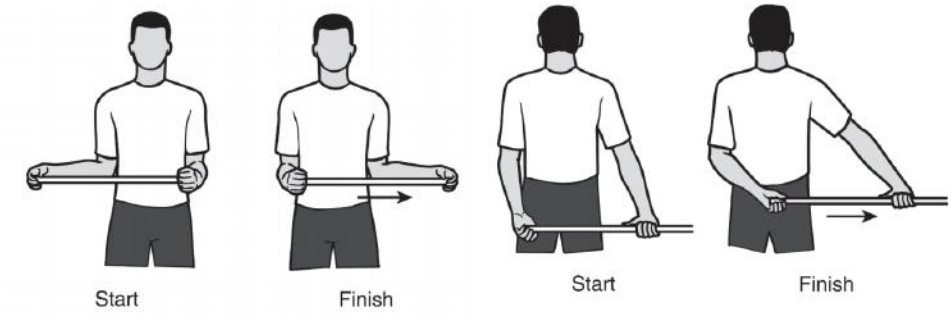
<u>Goals of Phase 1</u>
External rotation with the elbow at the side: 45 degrees.
Forward Elevation: 120 degrees.
Internal Rotation: Lumber 1 vertebral level

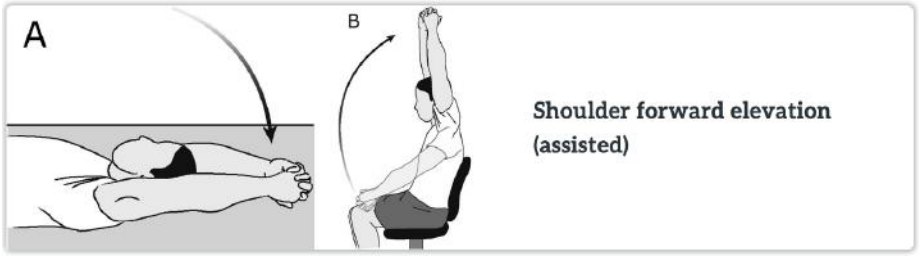




Phase II (Weeks 7-10): Bicep and rotator cuff precautions are phased out beginning at the 10th week. Active range of motion is allowed without resistance. Supine and seated stretches allowed.

<u>Goals of Phase II:</u>
External rotation with the elbow at the side: 60 degrees
Forward elevation: 155 degrees.
Internal rotation: T8 vertebral level





Phase III (Weeks 10 and onward): Strengthening is allowed in all directions. All precautions are gradually phased out. Band strengthening and light weights are started. Resistance is increased and return to sports exercises start week 12. All stretching restrictions are removed.