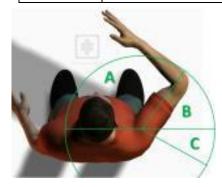


DR CHEN TU PROTOCOL ANTERIOR STABILISATION / LATARJET

	Rehabilitation
On Discharge - 3 Weeks	 Sling 3 weeks Advice on sling management, postural education and axillary hygiene Neck, elbow, wrist and hand ROM Active assisted, closed chain ROM within Safe Zone A (see below picture) Light (CKC) proprioceptive exercises Ensure dynamic scapula and cuff control within safe ranges Eliminate poor muscle patterning/compensatory movements within Safe Zone A Can begin early kinetic chain rehabilitation excluding the affected arm Avoid combined abduction and external rotation Do not force or stretch
3-6 Weeks	 Patient must be comfortable with above phase before progression Wean off sling; can keep sling at night until 6 weeks Begin strengthening within Safe Zone A Ensure dynamic scapula and cuff control Monitor for abnormal muscle recruitment during functional movements Avoid combined abduction and external rotation Do not force or stretch
6 Weeks+	 Patient must be comfortable with above phase before progression Sling discarded Gently progress active assisted ROM beyond Safe Zone A as comfortable, progressing to active ROM Ensure quality of movement and monitor for abnormal muscle recruitment Progress strengthening through ROM, ensuring dynamic scapula and cuff control (work on strength and endurance) Proprioceptive exercises through range Full kinetic chain rehabilitation – functionally goal orientated Address any core stability issues Plyometric and pertubation training Consider sports specific and functional goals

Milestones		
Week 3-6	Return to sedentary work as comfortable, minimal lifting, mostly in sling.	
Week 6	Wean out of sling. Active range of movement 75% of normal. Begin driving as safe and comfortable, swimming (breaststroke).	
Week 12	Full range of movement, with only minor loss of combined abduction and external rotation. Return to manual work, heavy lifting, swimming (all strokes), golf.	
Month 6	Consider return to contact sports	



PHYSIOTHERAPY FOLLOW UP RECOMMENDED

