

Latarjet Procedure

Rehabilitation after a Latarjet procedure.

Kieran Hirpara 4.0



This protocol guides your recovery after a **Latarjet procedure** with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It pairs a plain-English explanation of each stage with a structured programme you can share with your physiotherapist – bring this page or its PDF to your first appointment so your rehabilitation stays coordinated. Your physiotherapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

A Latarjet is a **bone-block** operation for a shoulder that keeps dislocating at the front. Because it uses solid bone fixed with screws – rather than only stitched-up soft tissue – the repair is sturdy early, and your recovery is generally **faster** than for a soft-tissue stabilisation (a Bankart repair). On average, people return to sport at around **20 weeks**, compared with roughly 32 weeks after a Bankart.

But “faster” does not mean “anything goes”. The pace of your recovery is set by **one thing above all: the transferred bone healing onto your shoulder socket**. This bony join (called **union**) usually takes about **6 to 8 weeks**. Until your surgeon confirms it has united, loading the shoulder is held back – no matter how good the arm feels. The Latarjet also has **two extra structures to protect** that a Bankart does not, which is why some of the early restrictions below are specific to this operation.

The procedure

In a Latarjet, a small piece of bone called the **coracoid** – a bony bump at the front of your shoulder blade – is moved across and **fixed with screws** to the front rim of your shoulder socket, where bone has been lost. This adds bone where it was missing and creates a “**sling**” effect at the front of the shoulder that helps stop it dislocating.

To move that bone into place, the surgeon has to pass it through the **subscapularis** – a muscle at the front of the shoulder – which is split, or partly detached and then repaired. Two things therefore need protecting while they heal:

- the **bone block and its screws**, which must knit onto your socket (**union**, about 6–8 weeks); and
- the **subscapularis muscle** at the front, which is repaired around the transferred bone.

Some people are left with a small permanent loss of outward-rotation range (turning the hand outward) of roughly **7–8 degrees**. This is expected and is **not** a complication – for most people it makes no difference to daily life.

Wearing your sling

You will wear a **simple shoulder sling** – **not** an abduction-pillow or wedge sling. Dr Hirpara uses a simple sling for stabilisation surgery, because the bone fixation is sturdy and protection comes mainly from keeping the arm in a safe position, not from the sling's shape.

- Wear the sling for about **2 weeks** for daytime support and comfort. The bony Latarjet needs a much shorter time in a sling than a soft-tissue repair.
- **You do not sleep in the sling**. Sleep with it off – but keep your arm in a **safe position while you are asleep**: do not let it fall out to the side and turned outwards (the position the operation is protecting against). Lying with the arm supported on a pillow across your body or by your side is comfortable and safe.
- Take it off for **showering and for your exercises** (once you have been shown how). Whenever the sling is off, keep your arm relaxed and by your side.
- Use ice if the shoulder is swollen or sore, especially after exercise.

Watch your posture while you are using the sling: keep your ears, shoulders and hips in line and avoid slumping.

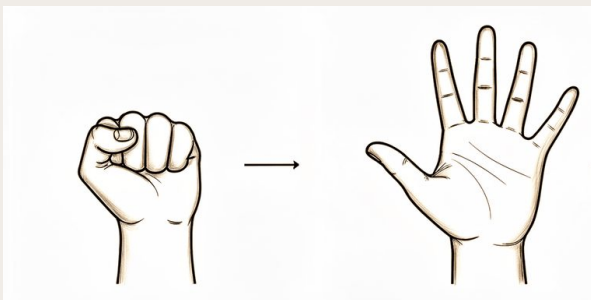
Key precautions – do NOT

These protect the bone block, its screws, and the front muscle while they heal.

- Do **NOT** force the arm into **outward rotation** (turning the hand outward) early. In the first 2 weeks, outward rotation is kept to about **25 degrees** in a supported position, and only opened up gradually after that – always within the range your surgeon sets.
- Do **NOT** push the arm **backwards behind your body** (shoulder extension), and avoid the combined position of the arm turned outward **and** stretched backwards. This pulls on the tendon attached to the transferred bone.
- Do **NOT** do **resisted inward-rotation** strengthening early (pressing the hand hard inwards across the body against resistance). This works the healing front muscle (subscapularis) and is held back until your surgeon agrees.

- Do **NOT bear weight through the arm or hand**, push up from a chair with the arm, or lift, push or pull anything heavy until your surgeon confirms the **bone has united** (about 6–8 weeks). The bony join, not the calendar, decides when heavier loading can begin.
- Do **NOT** do heavy chest or overhead gym work early – no pec flys, wide-grip bench press, military (overhead) press, behind-the-neck lat pulldowns or triceps dips until late in your recovery.
- Avoid any sudden jerk, grab or fall onto the arm.

Phase I – Immediate protection (weeks 0–2)

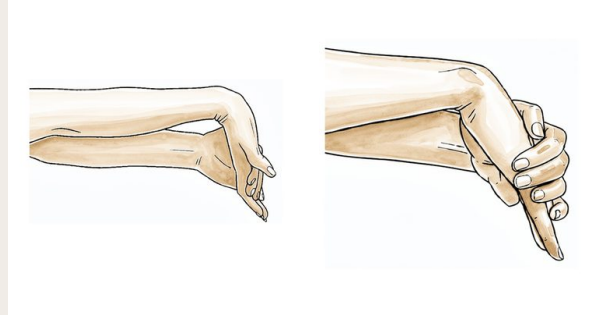


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Open and close hand

Make a tight fist with your hand, then open it fully. This keeps your hand moving and helps prevent stiffness and swelling.

10 times per hour

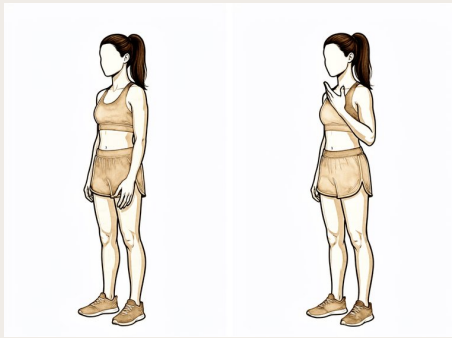


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Active wrist bends

Gently bend your wrist forwards, then back, as far as is comfortable.

10–15 times per hour

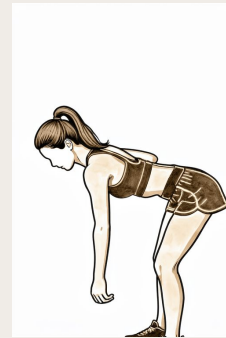


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Active elbow bends

With your palm facing up, gently bend your elbow as far as you can, then straighten your arm again. Keep your upper arm tucked at your side. Do NOT let the arm swing backwards behind your body.

10–15 times, 2–3 times a day

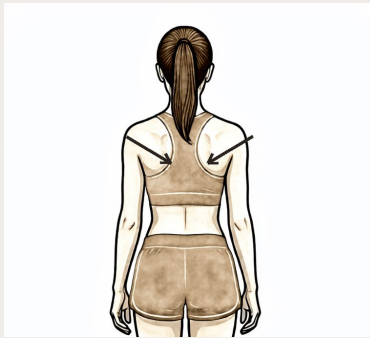


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Pendulum swings

Lean forwards and let your operated arm hang down, completely relaxed. Make small circles — clockwise, then the other way — by rocking your body, NOT by using your shoulder muscles. Keep the circle small (under about 20 cm). Your operated arm stays relaxed throughout — you are not lifting it. Do NOT let the arm drift backwards behind your body.

10 in each direction, 2–3 times a day

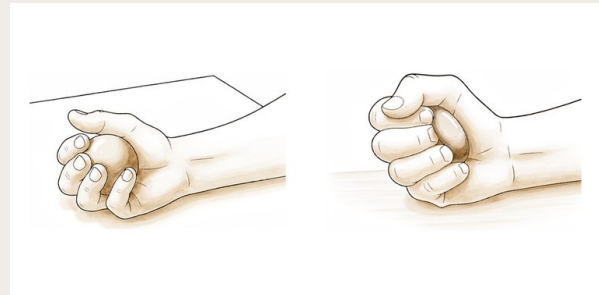


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Shoulder-blade setting

Gently squeeze your shoulder blades downwards and together, hold, then relax. This is a light muscle-activation drill — your arm does not move.

Hold 5 seconds, 5 times, 2–3 times a day



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Ball squeeze

Hold a soft ball or rolled-up sock in your hand and squeeze gently, then relax. This keeps the hand and forearm active while the shoulder rests.

10 times, 2–3 times a day

The first two weeks are about protecting the freshly transferred bone block and the repaired front muscle while the swelling settles. You wear the simple sling in the day, sleep out of it (keeping the arm in a safe position), and do gentle drills that keep your hand, wrist and elbow moving **without** stressing the shoulder. The shoulder itself is moved only **gently and passively** — you do not lift the arm under its own power yet.

- **Sling:** simple sling for daytime support and comfort; sleep **OUT** of the sling with the arm in a safe position; off for exercises and hygiene.

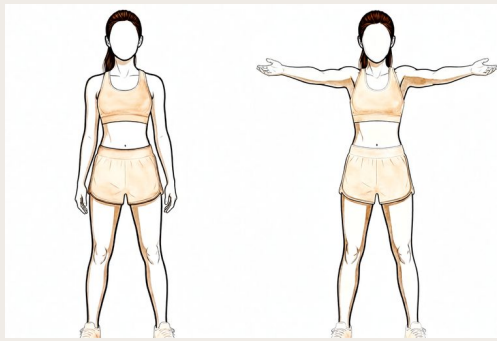
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- **Movement allowed:** gentle assisted and passive movement only – no lifting the arm under your own shoulder power. Forward elevation and reaching out to the side to comfort; outward rotation kept to about **25 degrees** in a supported position; do not push the arm backwards behind the body.
- **Exercises:** shoulder-blade setting; ball squeeze; gentle hand, wrist and elbow movement; pendulum swings (arm relaxed, not drifting backwards).

Ready for the next phase when: your pain is settling and controlled with simple pain relief; your wound has healed with no signs of a problem; you are comfortable out of the sling; and your gentle movement stays within the safe range your surgeon has set.

Phase II – Restoring movement (weeks 3–9)

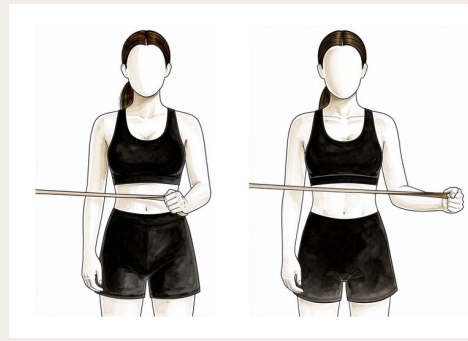


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Full-can lift to shoulder height

From about week 6, once you are moving the arm under your own power. Raise your arm forwards and slightly out to the side with your THUMB POINTING UP – the “full can” position – only up to about shoulder height (90°) at first, then lower with control. Use no weight or a very light weight (about 1–1.5 kg) and many repetitions.

As guided by your physiotherapist

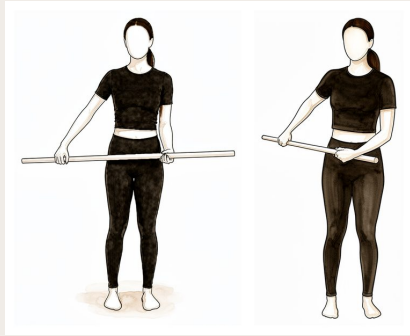


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External rotation at the side (band)

From about week 6, within the outward-rotation range your surgeon has set. Tuck your elbow at your side with a rolled towel between your elbow and your body, and your elbow bent to 90°. Rotate the forearm gently outwards against a light band, then return with control. Stay inside your safe range and never force it. Use a light band and many repetitions, not heavy resistance.

As guided by your physiotherapist

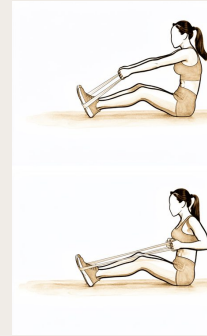


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Internal rotation with a stick

From about week 6, gently and only as guided. Keep your elbow tucked at your side and use a stick in your good hand to rotate the operated forearm gently inwards across your stomach, then return. This is gentle movement only – do NOT push hard or add resistance early, as the front of your shoulder (the subscapularis muscle) is still healing.

As guided by your physiotherapist

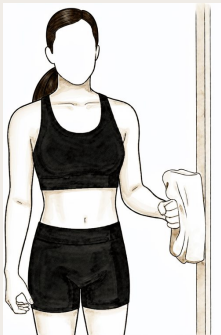


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Low row (shoulder-blade setting)

From about week 6. With your hand on a fixed surface beside you, press down and back to draw the shoulder blade down and in, holding briefly. This steadies the shoulder blade.

As guided by your physiotherapist

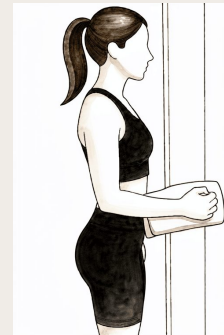


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Isometric external rotation

From about week 6, if your physiotherapist agrees and only within your safe range. Stand with your elbow tucked at your side and bent to 90°, the back of your hand near a wall or door frame. Press the back of your hand gently outwards into the surface WITHOUT letting the arm move – a gentle effort, about a quarter of your strength, with no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist

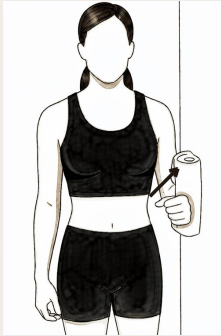


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Isometric internal rotation

Held back until later (usually after the graft has united and your surgeon agrees), because pressing inwards works the healing front muscle (subscapularis). When cleared, stand with your elbow tucked at your side, palm against a wall, and press the palm gently inwards WITHOUT letting the arm move – about a quarter effort, no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist



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Isometric abduction

From about week 6, if your physiotherapist agrees. Stand side-on with the outside of your upper arm near a wall, elbow at your side. Press the arm gently outwards into the wall **WITHOUT** letting it move – about a quarter effort, no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist

Now the focus is **movement**, not strength. The sling is weaned off from about week 3. You progress from assisted movement to moving the arm under your own power, and outward rotation is gradually opened up – early on to about **45 degrees** in a supported position, then further to tolerance from about week 6, always within your surgeon's limits. Light press-and-hold (isometric) drills are added, keeping inward-rotation effort gentle to protect the front muscle. **Loading still waits** – the bone block is only just uniting through this phase.

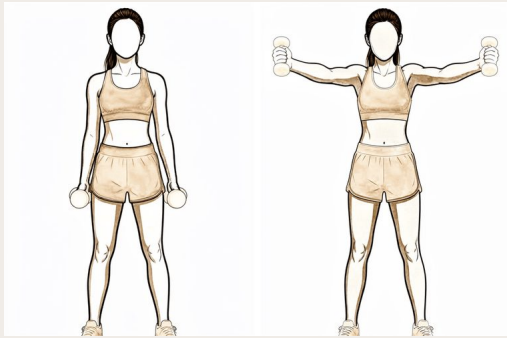
- **Sling:** weaned off from week 3.
- **Movement allowed:** assisted movement building to movement under your own power by about week 6 (towards roughly 90–110° of elevation). Outward rotation opened up gradually – early about **45 degrees** in support, later to tolerance – within the range your surgeon sets. Inward rotation gently to about 45 degrees.
- **Exercises:** full-can lift to shoulder height; gentle outward-rotation band work over a towel roll; gentle inward rotation with a stick (no force); low row; gentle press-and-hold isometrics for outward rotation and abduction from about week 6 (inward-rotation isometrics held back until later). Your physiotherapist may also add gentle **rhythmic stabilisation** – hold-steady drills where they push lightly on your arm and you resist – to retrain control; this is hands-on work with no diagram.

Ready for the next phase when: your surgeon has confirmed (usually on review around 6–8 weeks) that the bone block has united; you can move the arm under your own power with good control; your assisted and passive movement is full or nearly full and comfortable; and gentle isometrics cause no pain flare afterwards. Strengthening does not begin until union is confirmed – this is gated by the bone healing, confirmed by your surgeon, not by the calendar.

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Phase III – Strengthening (weeks 10–15)

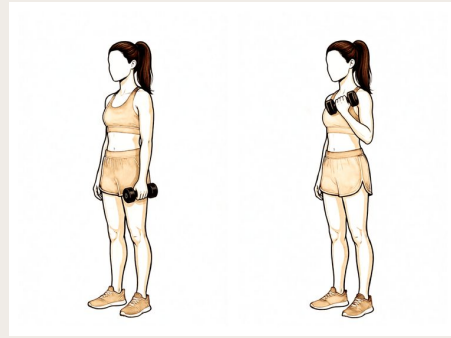


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Full-can lift with a light weight

From about week 10, once your surgeon has confirmed the bone block has united. The full-can lift as before, now building height and adding a light weight gradually. Keep the THUMB UP. Stop if the shoulder is painful or swells afterwards.

As guided by your physiotherapist

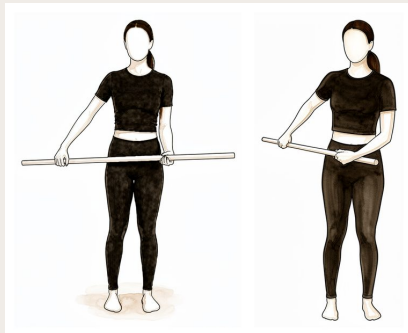


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Light biceps curls

From about week 10, once union is confirmed. With your upper arm tucked at your side, bend your elbow to curl a light weight, then lower with control. Build the weight gradually. The biceps tendon attaches close to the bone block, so start light and progress slowly.

As guided by your physiotherapist

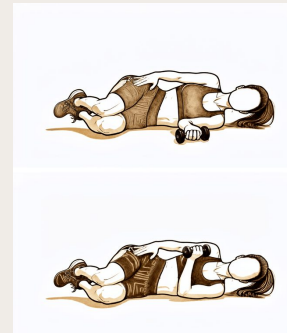


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Internal rotation up the back, with a stick (option 1)

From about week 12, once your surgeon and physiotherapist are happy the front muscle (subscapularis) has healed. Hold a stick behind your back and use your good hand to draw the operated hand gently up your back, then lower with control. Keep it comfortable and within your physiotherapist's limits.

As guided by your physiotherapist

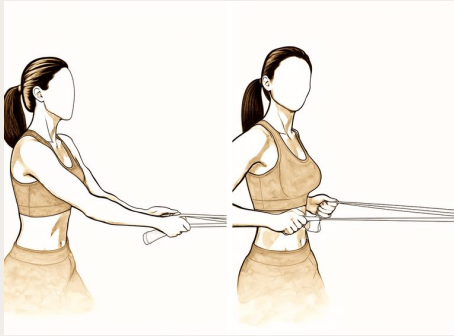


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Internal rotation with a light weight, side-lying (option 2)

An alternative to the stick version, with the same timing (from about week 12, once the front muscle has healed). Lie on your operated side with the elbow tucked at your waist and bent to 90°; rotate the forearm so the hand lifts a light weight towards your tummy, then lower with control. Your physiotherapist will pick whichever version suits you – both build the same inward-rotation strength.

As guided by your physiotherapist

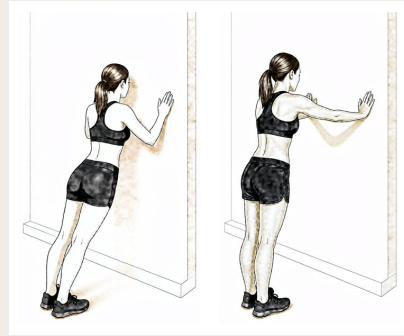


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Resistance-band row

From about week 10, once union is confirmed. With a band anchored in front of you, pull the handles towards you, drawing your elbows back and squeezing your shoulder blades together, then return with control. Light band, high repetitions; stop if the shoulder becomes painful.

As guided by your physiotherapist

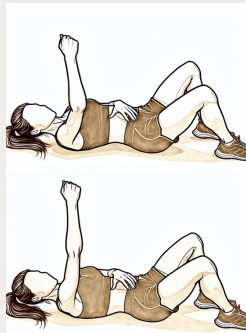


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Push-up-plus (wall)

From about week 10, once union is confirmed. Start against a wall (not the floor). Do a slow push-up; at the top, push a little further so your shoulder blades spread apart and your upper back rounds slightly. Keep your elbows from going further back than your shoulders. This works the front muscle (subscapularis) — keep it light and pain-free.

As guided by your physiotherapist

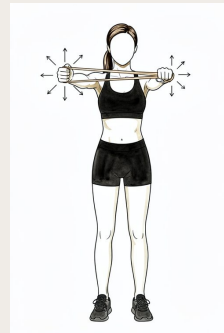


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Forward punch (supine)

From about week 10, once union is confirmed. Lie on your back, arm pointing up towards the ceiling, holding a light weight or none. Reach the hand a little further up towards the ceiling so the shoulder blade lifts off the bed, then lower with control. A gentle subscapularis drill — keep it light.

As guided by your physiotherapist



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Rhythmic stabilisation

With your arm supported in front of you at about shoulder height, have your physiotherapist (or your good hand) apply small, gentle pushes from different directions while you hold the arm still and steady — do not let it move. This trains the shoulder's stabilising muscles to react. Keep all the efforts gentle.

As guided by your physiotherapist

Once your surgeon has confirmed the bone has united, you can start to **load** the shoulder. Strengthening uses light bands and light weights to begin with — high repetitions, low loads — and builds gradually. The golden rule is **one direction at a time**: you only strengthen in a direction once you have comfortable, near-full movement in it. Inward-rotation and front-muscle (subscapularis) strengthening is still introduced **carefully and later**, as that muscle was repaired during your operation.

- **Sling**: none; near-full, comfortable movement expected before loading a direction.

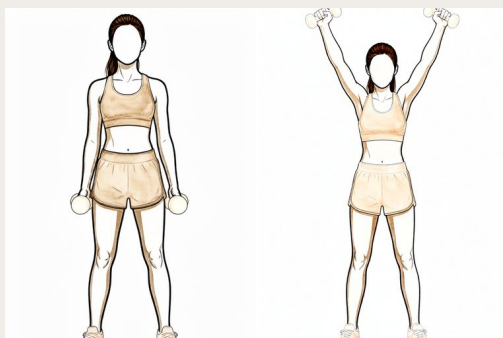
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- **Exercises:** full-can lift with a light, increasing weight; light biceps curls; resistance-band rows; wall push-up-plus and supine forward punch for the front muscle; internal rotation up the back with a stick (gentle, from about week 12 once the front muscle has healed). Build loads gradually and stop if the shoulder is painful or swells.

Ready for the next phase when: you have full, pain-free movement under your own power with good shoulder-blade control; no pain or swelling after strengthening sessions; comfortable resisted lifting below shoulder height; and your outward-rotation strength is building towards the other side.

Phase IV – Overhead and return to sport (weeks 16–20)

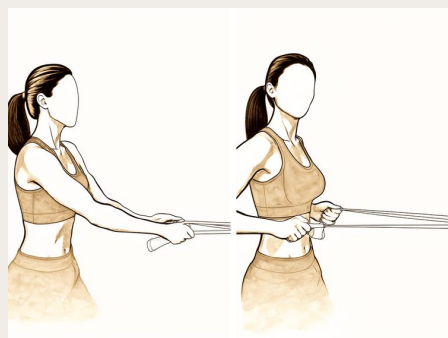


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Overhead full-can lift

From about week 16, once your strength below shoulder height is good. Raise your arm forwards and slightly out to the side with your THUMB UP, now progressing above shoulder height, with a light, gradually increasing weight. Stop if the shoulder is painful or swells afterwards.

As guided by your physiotherapist



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Progressive resistance-band row

Continue the band row, now building the resistance and repetitions as a base for heavier work and sport-specific conditioning. Keep good shoulder-blade control.

As guided by your physiotherapist

This phase is the bridge back to a fully working shoulder and a graduated return to sport and heavier work. You keep the range you have won and build the strength, power and endurance to use it confidently – including overhead. Returns are staged, not sudden; for sport, an interval programme that builds volume and intensity step by step is the safest route back.

- **Sling:** none.
- **Exercises:** overhead full-can lifts with a light, increasing weight once strength below shoulder height is good; progressive band rows; sport- and work-specific conditioning and, late in the phase, controlled higher-speed (plyometric) drills as appropriate. Push-ups may be added with the elbows kept from travelling far back.

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Ready to return when: your outward-rotation strength is within about 8–10 degrees of the other side and your overall rotation strength is building evenly; you have full, pain-free movement with no reactive swelling under heavier load; and you pass the task-specific tests for your sport or job. Return to sport is usually around 20 weeks, and contact or collision sport is often a little later (around 5–6 months) – based on meeting these criteria and on Dr Hirpara’s and your physiotherapist’s clearance, not the calendar alone.

Returning to sport and work

Your return is **criteria-based** – pain-free, with adequate range, strength and endurance – and signed off by both Dr Hirpara and your physiotherapist, not decided by the calendar alone. Because the Latarjet uses solid bone, recovery is generally quicker than a soft-tissue repair, but **everything heavier than gentle movement waits until the bone block has united** (about 6–8 weeks, confirmed by your surgeon).

- Light, chest-level activity returns from around **10–15 weeks**.
- Overhead and throwing activity from around **4 months**.
- **Return to sport is around 20 weeks on average**; full contact or collision sport is often around **5–6 months**, and always once you meet the strength and movement criteria.

After your protocol

This protocol works alongside the practice’s general recovery advice – see [managing post-operative pain](#) and [wound care](#).