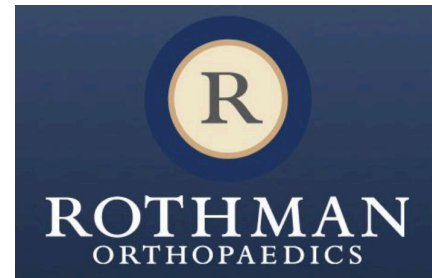


Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY
Phone: 914-580-9624
Montanna.Casey@rothmanortho.com
Mackenzie.Lindeman@rothmanortho.com
Terry.Lin@rothmanortho.com
www.brandonericksonmd.com



Latissimus / Teres Major Nonoperative Physical Therapy Protocol/Prescription

Name _____

Diagnosis RIGHT/LEFT Lat/Teres Major Tear

Frequency: _____ times/week Duration: _____ Weeks

Immobilize with arm in sling for first 3-5 days. May remove sling after this time and use are for ADLs.
No lifting / pushing / pulling with the injured arm for 1 month. May begin:

Pendulums for GH motion, limit abduction
PROM within pain free range ñ avoid terminal flexion, ABD, ER
Grip strengthening, forearm, wrist and hand in protected LD position

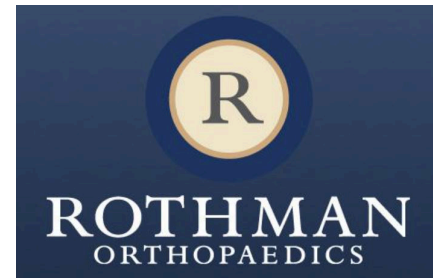
_____ Weeks 4-8:
AROM including flexion, ABD, ER within pain free range (recommend patient seated or standing)
Resisted biceps at week 6
Manually resisted scapular protraction, retraction and elevation at week 6
Isometric flexion, abduction, ER
Avoid painful resistance or ROM
No resisted triceps
No resisted scapular depression, extension, adduction, IR
No plyometric activities for shoulder and back

_____ Weeks 8-12 advance as tolerated with:
AROM ñ full ROM in all directions
Gentle progression of strengthening extension, IR, adduction, NO PAIN
Start with submaximal isometric
Light resistance shoulder extension with elbow flexed
Progress strengthening
Assisted pull ups within pain free range
Active concentric pull up (ascending)
Progress eccentric pull up (descending)
May begin sport specific activities and return to throwing program

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning X Teach HEP
 X Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis X Heat before
 X Ice after _____ Trigger points massage _____ TENS X Therapist's discretion

Signature _____ Date _____

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Further Explanation of Each Week:

0-2 weeks

- First two weeks should be relatively immobile
 - Pendulums, elbow extension, flexion; wrist flexion/extension, gripping exercises.
- Sling should be worn for first 6 weeks in patients where limitations are likely to be exceeded; could be discharged in 4 weeks in specific patient populations.

2-6 weeks

- PROM/AAROM:
 - Sidelying scapular ROM ☑ caution with scapular depression to avoid LD activation.
 - PROM/AAROM shoulder
 - ER: will increase force but could safely perform to 30-40 degrees.
 - Flexion: 120 degrees to tolerance? – would be onset of scapular elevation, possible compensation through trunk extension?
 - Pulleys for HEP
- Manual therapy:
 - STM ☑ biceps, wrist flexors, pronator teres/supinator, pec/pec minor, deltoid.

6-10 weeks

- Should be able to achieve 90%-100% of PROM with <2/10 pain by week 6; full AROM by end of week 8.
- Manual therapy:
 - STM ☑ PRN, gentle cross friction to lats/inferior scapular border in supine.
 - Can include prone thoracic CPA/UPA, mobilizations/manipulations or TL junction STM if thoracic compensations are present with AROM.
 - Begin to initiate IR at week 8-9 with manual stretching.
 - Seated IR distraction/posterior glide mobilizations, sleeper stretch for HEP.
- AROM:
 - Can initiate flexion, abduction and ER in sitting/standing; in these positions, LD isn't recruited against gravity and could use reciprocal inhibition concept since antagonists to LD are being used.
- Strengthening:
 - Initiate IR/ER isometrics at week 6.
 - Progress to S/L ER strengthening at week 8
 - AROM shoulder flexion/abduction (add light weight if AROM full/pain-free) in sitting/standing.
 - Resisted scapular motion into protraction, retraction and elevation – NO DEPRESSION.
 - Avoid TB/prone extension?
 - PNF rhythmic stabilization in sitting/standing through elevation in scaption and IR/ER with bolster under arm.
 - Bicep curls ☑ watch for compensation through anterior shoulder translation.
 - Resisted scapular depression, tricep strengthening (kick back and standing position) and theraband extension strengthening in week 10.
 - Prone series: focus on activation of lower trap; can include extension with both IR/ER for TM/LD

10-PRN weeks

- AROM should be pain-free and full in all planes, including combined motion of flexion/abduction/ER.
- Strengthening:

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- Lower trap functional restraining – wall slides with lift off, HOH elbow lifts.
- Push/pull activities on BTE/LifeFitness
 - Pull downs, rows, etc.
- Closed chain activities
- BodyBlade for proprioceptive feedback
- Sport specific/work specific activities

