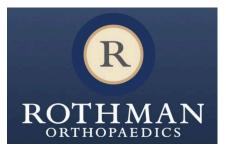
Brandon J. Erickson, MD Montanna Casey, ATC Mackenzie Lindeman, ATC Terry Lin. PA-C 645 Madison Ave New York, NY 200 White Plains Rd 4<sup>th</sup> Floor Tarrytown, NY 450 Mamaroneck Ave Suite 200 Harrison, NY Phone: 914-580-9624 Montanna.Casev@rothmanortho.com Mackenzie.Lindeman@rothmanortho.com Terry.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



## LATISSIMUS / TERES MAJOR REPAIR PHYSICAL THERAPY PROTOCOL/PRESCRIPTION Name

Diagnosis s/p RIGHT/LEFT Latissimus/Teres Major Repair

Date of Surgery times/week Duration: Weeks Frequency: Weeks 0-1:

Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening) Patient to remain in shoulder immobilizer for 6 weeks

Weeks 1-6:

True PROM only! The tendon needs to heal back into the bone. ROM goals: 90° FF/30° ER at side; ABD max 40-60 without rotation No resisted motions of shoulder until 12 weeks post-op Grip strengthening No canes/pulleys until 6 weeks post-op, because these are active-assist exercises Heat before PT, ice after PT

Weeks 6-12: Begin AAROM AROM as tolerated Goals: Same as above, but can increase as tolerated Light passive stretching at end ranges Begin scapular exercises, PRE for large muscle groups (pecs, lats, etc.) Isometrics with arm at side beginning at 8 weeks

Months 3-12:

Advance to full ROM as tolerated with passive stretching at end ranges Advance strengthening as tolerated: isometrics bands light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers Only do strengthening 3x/week to avoid rotator cuff tendonitis Begin eccentrically resisted motions, plyo (ex. Weighted ball toss), proprioception (es. body blade) Begin sports related rehab at 4 months, including advanced conditioning Return to throwing at 4 months, begin with light toss Return to throwing from the pitcher's mound at 6 months Return to full competition 9-12 months

	Functional Capacity Evaluation			_Work Hardening/Work Conditioning			_X	Teach HEP
_X_	Electric Stir	nulation	Ultrasound	Iontop	horesi	sPhonophoresis	X	_ Heat before
X	Ice after	Trigger p	oints massage	TENS	_X_	Therapist's discretion		

Signature\_\_\_\_\_ Date