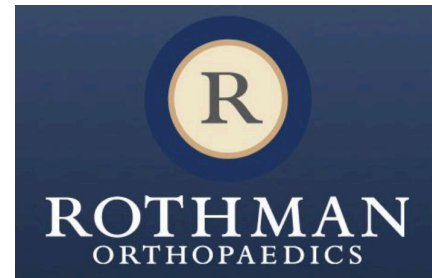


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Latarjet / Anterior Bone Block Procedure Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Latarjet / Anterior Bone Block (Distal Tibial Allograft)

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

Weeks 0-4: Home exercise program given post-op

_____ Weeks 4-8:

D/C sling @ week 4 and begin PT

Begin PROM AAROM AROM and increase to AROM 140°FF 40°ER at side 60°ABD/ IR behind back to waist

Strengthening (isometrics/light bands) within AROM limitations, horizontal abduction exercises

Also start strengthening scapular stabilizers (traps/rhomboids/lev. scap/etc)

Physical modalities per PT discretion

_____ Weeks 8-12:

If ROM lacking, increase to full with gentle passive stretching at end ranges

Advance strengthening as tolerated: isometrics bands light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers

_____ Months 3-12:

Only do strengthening 3x/week to avoid rotator cuff tendonitis

Begin UE ergometer

Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.

Begin sports related rehab at 3 months, including advanced conditioning

Return to throwing at 4 months

Throw from pitcher's mound at 6 months

MMI is usually at 12 months

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning X Teach HEP

____ Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis X Heat before

 X Ice after ____ Trigger points massage ____ TENS X Therapist's discretion

Signature _____ Date _____