



LATISSIMUS REPAIR Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat

_____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

_____ 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's 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, plyometrics (ex. Weighted ball toss), proprioception (es. body blade).
- Begin sports related rehab at 4 ½ months, including advanced conditioning.
- Return to throwing at 4 months, begin with light toss.
- Return to throwing from the pitchers mound at 6 months.
- Return to full competition 9-12 months.

Comments:

- Functional Capacity Evaluation
- Work Hardening/Work Conditioning
- Teach HEP

Modalities

- Electric Stimulation Ultrasound Iontophoresis Phonophoresis
- Heat before/after Ice before/after Trigger points massage TENS
- Other _____ Therapist's discretion

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____