LATARJET / ANTERIOR BONE BLOCK PROCEDURE PHYSICAL THERAPY PROTOCOL

Name____________________________________________________________ Date______________

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/rhombooids/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  _____ Teach HEP
Modalities
_____ Electric Stimulation  _____ Ultrasound  _____ Iontophoresis  _____ Phonophoresis  _____ Heat before
_____ Ice after  __ Trigger points massage  ____ TENS  ____ Therapist’s discretion

Signature__________________________________________ Date__________________