

## LATISSIMUS / TERES MAJOR PT PROTOCOL

Name: \_

\_\_\_\_Date: \_\_\_\_

Diagnosis:\_\_\_\_\_ Date of Surgery \_\_\_\_\_

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

### Weeks 0-1:

- Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
- 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 (pees, lats, etx)
- 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 pitcher's mound at 6 months
- Return to full competition 9-12 months

## Comments:

\_\_\_\_ Functional Capacity Evaluation \_\_\_ Work Hardening/Work Conditioning \_\_\_ Teach HEP

Wake Forest University School of Medicine • Ph. (336) 716-8091 1901 Mooney St, Winston-Salem, NC 27103



# **Modalities:**

Electric StimulationUltrasound _	_lontophoresis	Phonophoresis
----------------------------------	----------------	---------------

- \_\_\_\_\_TENS \_\_\_ Heat before/after \_\_\_ Ice before/after \_\_\_ Trigger points massage
- \_\_\_\_ Therapist's discretion
- \_\_ Other\_\_\_\_

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