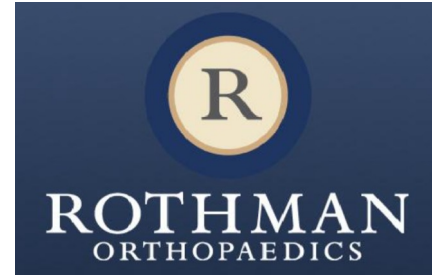


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LATARJET / ANTERIOR BONE BLOCK PROCEDURE PHYSICAL THERAPY PROTOCOL

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/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 _____ Teach HEP Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ Heat before

_____ Ice after _____ Trigger points massage _____ TENS _____ Therapist's discretion

Signature _____ Date _____