

Latissimus / Teres Major Repair

Latissimus / Teres Major Repair Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

General Post-Operative Guidelines

Wear immobilizer sling with wedge for all activities except hygiene

Patient to do home exercises as given post-op: pendulums, elbow AROM, wrist AROM, grip strengthening

Week 1 – 6: Patient seen 3x/week

Precautions: PROM ONLY

No resisted shoulder activity for 12 weeks post op. No cane/pulley AAROM until 6 weeks post-op

ROM Guidelines: PROM flexion to 90°, ER 30°, abd 60° without rotation

- Supine GENTLE PROM only for flexion, scaption, ER, and IR
- Soft tissue mobilization (parascapular, cervical) as indicated
- Heat before Rx, cold after Rx as indicated

Week 6-12: Patient seen 2x/week or as indicated

Precautions: No resistance until ROM is full

- Continue above exercises
- Light passive stretching at all end-ranges of shoulder ROM
- Progress shoulder to AAROM and then AROM as tolerated
- At Week 8, begin isometric flex, ext, add, abd, ER, and IR at side using 50% of patient's effort
- Begin PRE's for large muscles (pecs, lats) with arm at side

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Months 3-12: Patient seen 1-2x/week or as indicated

Goals: Return to throwing at Month 4, beginning with light toss.

At 4 1/2 months post op, begin sports-specific Phase IV conditioning when ready, including advanced cardio conditioning.

At Month 6, pitchers return to throwing from the mound.

Return to full competition at 9-12 months post op when cleared.

- Advance to full PROM as tolerated with passive stretch at end ranges
- Advance rotator cuff, scapular, and deltoid strengthening as tolerated: isometrics —> elastic resistance —> light weights (1-5 lbs) with progressive sets/reps as tolerated
- **Strengthening exercises to be performed 3x/week ONLY to avoid rotator cuff tendonitis**
- Progressive core strengthening
- Bodyblade multi-planar strengthening
- Eccentrically-resisted motions — plyometrics (i.e., weighted ball tossing, etc.)
- Progressive weight-bearing UE closed-chain activity
- Multi-planar strengthening, TRX, Reformer, etc.

Guidelines for Return to Sports

Patient must achieve full rotator cuff, deltoid, and parascapular strength and demonstrate ability to perform sport activities without pain and with proper form.