

Nikhil Verma, MD
Hailey Merk, MSM, MMS, PA-C
Lisa Raaf, MS, PA-C
1611 W. Harrison, Suite #300
Chicago, IL 60612
Vermapa@rushortho.com
Fax: 708-409-5179
www.sportsurgerychicago.com

MIDWEST
ORTHOPAEDICS
at RUSH



Post-op Rehabilitation Guidelines for Lat Tendon Repair

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 4 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 to 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 (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