

Dr. Anthony Romeo, Orthopaedic Surgeon
DMG Orthopaedics | Bone, Joint & Spine Center

Latarjet/Anterior Bone Block Procedure Protocol

Phone (Ortho): 630.790.1872

Fax: 630.348.3926

Name:	<u> </u>					Date	:	
Date o	f Surgery:							
	Frequency:	times per week	ı	Dur	ation:		weeks	i
Weeks	s 0-4:							
•	Home exercise pro	ogram given post-op						
Weeks	s 4-8:							
•	behind back to wa Strengthening (iso	AROM → AROM and ir ist metrics/light bands) wi iening scapular stabilize	thin	ARON	1 limitation	ns, horiz	zontal abdı	
Weeks	•	s per i i discretion						
•	Advance strengthe	crease to full with gentle ening as tolerated: isom if, deltoid, and scapular	etric	$cs \rightarrow b$	ands → li		_	bs); 8-12 reps/2-3
Month	ns 3-12:							
•	Only do strengthe Begin UE ergomet	ning 3x/week to avoid r er	otat	or cuf	f tendoniti	is		
•		resisted motions, plyo chain exercises at 12 w			weighted	l ball tos	ss), proprio	oception (ex body
•	Begin sports relate Return to throwing	ed rehab at 3 months, ir g at 4 ½ months	ncluc	ding ac	lvanced co	ondition	ing	
•	Throw from pitche	er's mound at 6 months						
•	MMI is usually at 1	L2 months						
Comm	ents:							
Additi	onal:							

___Functional Capacity Evaluation _____Work Hardening/Work Conditioning _____ Teach HEP

Latarjet/Anterior Bone Block Procedure Protocol (cont'd)

Modalities:	
Electric StimulationUltrasound IontophoresisF before/after	PhonophoresisTENS Heat
Ice before/afterTrigger points massage Other:	
Therapist's discretion	
Signature: [Date: