



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

LATARJET / DISTAL TIBIAL ALLOGRAFT (DTA)

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202

IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280

317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

Phase I (Weeks 0 – 6):

- **Sling with abduction pillow:** Continue for a total of 6 weeks; remove only for hygiene
- **Range of Motion:** PROM only for first 6 weeks, to patient tolerance



- Weeks 0-4: Goals of FF 140°, ER 25° in 30° of ABD, ABD 60-80°; limit IR to 45° in 30° of ABD
- Weeks 4-6: increase PROM to tolerance, increase ER to 45° in 30° of ABD

- **Exercises:**

- Weeks 0-4: pendulums, grip strengthening, isometric scapular stabilization; elbow/wrist/hand ROM
- Weeks 4-6: begin gentle joint mobilizations; limit ER to passive 45°
- No active IR or extension; no canes or pulleys

- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase PROM as tolerated, begin AAROM/AROM
- **Exercises:**
 - Weeks 6-8: begin light cuff/deltoid/biceps isometrics
 - Weeks 8-12: begin light resisted ER, FF, ABD, and IR exercises; begin extension and scapular retraction exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Months 3 – 6):

- **Range of Motion:** Full without discomfort
- **Exercises:** continue Phase II, advance as tolerated, include closed chain scapular rehabilitation and functional rotator cuff strengthening; focus on anterior deltoid and teres
- Month 4: advance strengthening as tolerated from isometrics to therabands to light weights; emphasize *low-weight, high rep* exercises
- *Consider return to sport at 20-24 weeks pending surgeon approval*

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD