

ARTHROSCOPIC ROTATOR CUFF REPAIR PHYSICAL THERAPY PRESCRIPTION

Diagnosis: S/p (Left / Right) Shoulder Arthroscopic Rotator Cuff Repair

Size of Tear: _____ cm **Tissue Quality:** EXCELLENT FAIR POOR

Concomitant Injuries / Pathology: _____

Tendons Repaired: Supraspinatus Subscapularis Infraspinatus Teres Minor

Additional Procedures: Subacromial Decompression Biceps Tenodesis
 Biceps Tenotomy AC Joint Resection

Date of surgery: _____

PHASE 0 (0 to 2 WEEKS): No formal physical therapy until after 1st post-op

GOALS:

Pain and swelling control
Begin passive ROM

EXERCISES/RESTRICTIONS:

Ice to affected shoulder: 30 minutes at a time 4-5 times per day
Continue sling at all times except for bathing
No active ROM about the shoulder
Pendulum exercises
OK for motion at the elbow, wrist, and hand

PHASE 1 (2-6 WEEKS):

GOALS:

Healing of rotator cuff
Restoration of passive shoulder ROM

EXERCISES/RESTRICTIONS:

Continue sling on at all times except for bathing and ROM exercises
Passive forward flexion to 120
Passive external rotation to 30
Pendulum exercises
Deltoid isometrics
Modalities prn

PHASE 2 (6-12 WEEKS):

GOALS:

Full shoulder ROM by 12 weeks

EXERCISES/RESTRICTIONS:

Discontinue sling at week 6

Passive Supine ROM emphasizing Forward Elevation, Abduction, & External Rotation

Can progress to AAROM & AROM at week 8 using weight of arm only. AROM only in pain-free arc

Re-establish normal scapulohumeral rhythm & full glenohumeral motion

Begin scapular strengthening program, in protective range

Initiate Rotator cuff strengthening program when FF > 90 and abduction >90

PHASE 3 (12-20 WEEKS):**GOALS:**

Full ROM

Beginning rotator cuff strengthening program

EXERCISES/RESTRICTIONS:

Passive/Active ROM

Rotator cuff strengthening program

Biceps/Triceps strengthening

Scapular stabilization program

Upper extremity PRE's for large muscle groups, i.e. pects, lats, etc.

PHASE 4 (>20 WEEKS):**GOALS:**

Return to sport/work specific activities

EXERCISES/RESTRICTIONS:

Progress rotator cuff isotonics

Continue with aggressive peri-scapular strengthening exercises (rhomboids, serratus, latissimus, teres)

Begin isokinetic program at, IR / ER emphasize eccentrics

Evaluate and treat per therapist plan.

Please follow the protocol as directed and call the office with questions or renewals.

**Please send progress notes.

NAME OF PATIENT: _____

Treatment: 2 times per week Duration: 20 weeks X Home Program

Physician's Signature: _____

Date: _____

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