

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Rotator Cuff Tear Code: M75.100

Procedure: Lower Trapezius Transfer Repair Surgery Date: _____

Instructions:

Range of motion:

- For the first eight weeks post-operatively:
 - o External rotation brace at all times.
- At eight weeks post-operatively:
 - o Begin active external rotation, flexion, and abduction range of motion.
 - o No internal rotation until three months post-operatively.
- At 12 weeks post-operatively:
 - o Progress towards full range of motion including internal rotation.

Strengthening:

- No strengthening prior to 16 weeks post-operatively, 3-5 pound weight lifting restriction.
- Then begin strengthening of rotator cuff, scapular stabilizers, and deltoid progressing slowly from isometrics with the arm at the side to bands to weights to plyometrics.
- Once strength is progressing, also add a focus upon scapular mechanics and proprioception.
- Do not strengthen more frequently than three times per week to avoid tendonitis.
- At 5 months post-operatively, progress towards occupation and sport-specific exercises.

Limitations:

- No active range of motion and brace immobilization until eight weeks post-operatively.
- No strengthening until sixteen weeks post-operatively.
- Three- to five-pound weight lifting restriction until 12 weeks post-operatively.

Please provide with a home exercise program.

Modalities

Heat before and ice after therapy. Electric stimulation and remaining modalities per therapist.

Frequency: 2-3 times/week Duration: 6 weeks

Signature: _____ Date: _____