

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Rotator Cuff Tear Code: M75.100

Procedure: Rotator Cuff Repair Surgery Date: _____

Instructions: Small/Medium Rotator Cuff Repair Protocol

Range of motion:

- For the first six weeks post-operatively:
 - o Passive external rotation and passive forward elevation in the scapular plane only.
 - o Sling at all times when not performing exercises.
 - o Please instruct patient and family in a home exercise program.
 - o No other range of motion, no internal rotation, no extension, no active motion, no pulleys.
 - o Goal passive range of motion by six weeks: 140° elevation and 40° external rotation.
- At six weeks post-operatively:
 - o begin active-assisted motion, progressing towards active range of motion.
 - o Add stretching at end ranges to regain full rotation, but avoid positions of impingement.
 - o Suggested home exercises: table slides, canes, pulleys, and gravity-assisted exercises.

Strengthening:

- No strengthening prior to 12 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 4.5 months post-operatively, progress towards occupation- and sport-specific exercises, planning to return to overhead sports at 6 months and collision sports at 9 months.

Limitations:

- No active range of motion and sling immobilization until six weeks post-operatively.
- No strengthening until twelve 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: _____