

## **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 Active external rotation and passive forward elevation 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: 100° elevation and 20° 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 sports at 6 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: \_\_\_\_\_