



ROTATOR CUFF PATCH APPLICATION

Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat _____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

Recommendations:

- Wear sling as needed for comfort only for the first few days.
- Encourage ROM at home daily for the first 2 weeks.
- Ice 3 - 4 times daily for the first week, then as needed thereafter.
- Return to work and sport to be determined on an individual basis by the physician.
- Avoid Shrugs.
- Emphasize forward flexion and forward elevation in the scapular plane (scaption) and avoid true ABDuction.
- Avoid prone Horizontal Abd.
- Avoid overhead presses (military, incline press) for the first 12 weeks.
- Pt may resume cardiovascular training such as walking, stationary cycling, etc as tolerated.

Post-Op Protocol:

_____ Phase I: 0 - 2 Weeks:

- Discontinue sling as tolerated.
- Emphasize proper posture when sitting and standing. Educate on avoidance of UT elevation.
 1. PROM to tolerance.
 2. AAROM (cane, self-stretch).
 3. Sub-maximal isometrics for all shoulder motions within pain-free ROM.
 4. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression.
- Shoulder program (Thrower's Ten Shoulder Program).

_____ Phase II: 2 - 4 Weeks:

- Full PROM by 2 weeks.
- Progress AAROM/Begin AROM within pain-free ROM.
 1. Progress AAROM including pulleys in the scapular plane and UBE below shoulder height for motion.
 2. Begin AROM with emphasis on rotator cuff exercises (without resistance) including:
 - Forward elevation in the scapular plane as tolerated with focus on proper scapular mechanics (supine progressing to standing).
 - Side lying external rotation.
 - Soft tissue massage when portals heal.

***AROM should be pain free and without compensation

_____ **Phase III: 4 - 6 Weeks:**

- Full AROM by 4 weeks.
- Begin RROM within pain-free ROM.
 1. Begin PRE's with hand weights, theraband, etc. within pain-free ROM.
 2. Progress scapulothoracic strengthening exercises ensuring proper form.
 3. Begin open kinetic chain rhythmic stabilization progression.
 4. Initiate upper extremity endurance training on UBE.
 5. Begin gentle closed kinetic chain (CKC) balance and stabilization progression.

_____ **Phase IV: 6 - 12 Weeks:**

- Equal strength, bilaterally, by 12 weeks.
 1. Progress PRE's as tolerated limiting resisted overhead activities until the 12 week mark.
 2. Progress closed kinetic chain exercises.
 3. Progress to manual resistive exercises including PNF techniques.
 4. Begin work-specific activities as appropriate.
 5. Begin low-level plyometrics including 2-hand plyoback ball toss, theraband exercises and medicine ball activities as tolerated. Avoiding resisted overhead activities until the 12 week mark.
 6. Initiate sport-specific activities such as throwing, racquet/club strokes, etc. with progression toward full return to activities.
- Emphasize concepts of frequency, duration and intensity of training.

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.

Physician Name: _____

Date: _____