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Post-Operative Rehabilitation Prescription for **Arthroscopic Rotator Cuff Repair** (M75.121 R)

Patient Name: Magaliz Gonzalez

Date: 11-26-2024

Treatment Frequency: 3 x per week

Duration of Therapy Prescription: 12 weeks

DOS: 10-22-2024

Surgery: Right shoulder arthroscopy, extensive debridement of glenohumeral joint, capsular release, subcoracoid bursectomy, synovectomy, and subscapularis rotator cuff repair (1-anchor), revision subacromial decompression and acromioplasty and arthroscopic rotator cuff repair (3-anchor, double row) with relamination and reconstruction of the rotator cuff tendon

Phase I: (weeks 0-6) [Immediate Postoperative Period]

Goals:

Healing / protect integrity of repair
Gradually increase PROM
Decrease pain and inflammation
Prevent muscular inhibition
Become independent with modified ADL's

Precautions:

Arm in abduction sling, remove only for exercise/therapy
No shoulder AROM, no lifting objects, no shoulder motion behind back,
No excessive stretching or sudden movements
No lifting of body weight by hands or supporting of any weight

Weeks 1-2: Sling Immobilization, cryotherapy for pain & inflammation (20 min/hr)
Active ROM Elbow, Wrist and Fingers
Passive ROM Shoulder: Pendulums only
Begin scapula musculature isometrics, cervical ROM
Patient education on posture, joint protection, positioning, hygiene

Weeks 2-4: Continue abduction sling & pendulum exercises & Cryotherapy PRN (pain/inflammation)
Begin PROM to tolerance (done supine; should be pain free)
Supine forward elevation in scapular plane to 90 degrees
External rotation in scapular plane \geq 35 degrees
IR to body/chest
Scapular Stabilization exercises (side lying)
Deltoid isometrics in neutral (submaximal) as ROM improves
Continue elbow, wrist, and finger AROM
May resume general conditioning program (walking, stationary bicycle)

Weeks 5-6: Begin to wean off sling at end of week 4, discontinue by end of week 6
 Use sling for comfort only or in unpredictable environments (crowds)
 Progressive PROM until approximately full ROM at weeks 4-5
 Gentle scapular/glenohumeral joint mobilization as indicated to regain full PROM
 Initiate prone rowing to neutral arm position.
 May use heat before ROM exercises, cryotherapy at end of rehabilitation session
 Aquatherapy/ pool therapy for light AROM exercises permitted
 Initiate AAROM flexion in supine position
 Elevation in scapular plane to 140 degrees (pulleys as ROM improves)
 External Rotation = 35-50 degrees
 Physioball scapular stabilization (below horizontal)
 Progress deltoid isometrics, ER/IR (submaximal) at neutral
 Isotonic exercises: elbow, scapula

Criteria for Progression to Phase II:

Passive forward flexion to ≥ 125 degrees
 Passive ER in scapular plane to ≥ 75 degrees
 Passive IR in scapular plane to ≥ 75 degrees
 Passive abduction to ≥ 90 degrees in scapular plane

Phase II: (weeks 6-12) [Protection & Active Motion]

Goals:

Allow healing of soft tissue
 Do not overstress healing tissue
 Gradually restore full PROM
 Decrease pain and inflammation

Precautions:

No lifting/supporting body weight with hands and arms
 No sudden jerking movements
 No excessive behind the back movements
 Avoid upper extremity bike and ergometer

Weeks 6-8: Continue AROM, AAROM, & stretching exercises
 Continue periscapular exercises
 Initiate AAROM exercises (flexion scapular plane, abduction, ER, IR)

Weeks 8-12: Continue stretching & PROM as needed
 If shoulder or scapular hiking, continue glenohumeral joint exercises
 Dynamic stabilization exercises
 Initiate progressive strengthening program:
 ER and IR with exercise bands/sport cords/tubing
 ER side-lying (lateral decubitus)
 Lateral raises (patient must be able to elevate arm w/o shoulder/scapular hiking)
 Full can in scapular plane (no empty can abduction exercises)
 Prone rowing, horizontal abduction, and extension exercises

Criteria for Progression to Phase III:

Full AROM

Phase III: (weeks 12-16) [Early Strengthening]**Goals:**

Full PROM/full AROM
Dynamic shoulder stability
Restore strength power endurance/
Optimize neuromuscular control
Return to functional activities

Precautions:

No lifting objects >5lbs
No overhead lifting
No sudden pushing or jerking motions
Avoid upper extremity bike and ergometer

Weeks 12-14: Initiate light functional activities as permitted
Progress to fundamental shoulder exercises

Weeks 14-16: Continue & advance fundamental shoulder exercises
Continue ROM and self-capsular stretching for ROM maintenance
Advance proprioceptive, neuromuscular activities
Light sports (golf chipping/putting, tennis ground strokes) if doing well

Criteria for Progression to Phase IV:

Ability to tolerate progression to low-level functional activities
Demonstrated return of strength/dynamic shoulder stability
Reestablishment of dynamic shoulder stability
Demonstrated adequate strength & dynamic stability for progression to more demanding work-and-sport specific activities

Phase IV: (16-22weeks) [Advanced Strengthening]**Goals:**

Maintain full nonpainful AROM
Advanced conditioning exercises for enhanced functional use
Improve muscular strength, power, and endurance
Gradual return to full functional activities

Weeks 16-22: Continue strengthening and stretching
Continue stretching if motion tight
Initiate interval sport program (golf, doubles tennis) if appropriate
Advance sports-specific strengthening & plyometrics
Continue strengthening and stretching
Improve scapular stabilization, mechanics, & strengthening
Initiate interval throwing program when full strength & motion achieved after week 22

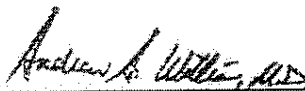
CONCOMITANT SHOULDER PROCEDURES: [Rehabilitation Modifications]

- ☐ **Biceps Tenodesis:** *(If box checked follow rehabilitation protocol modifications)*
- Avoid terminal elbow extension (10-20°) for first 2 weeks
 - No elbow hyperextension or stretching exercises for first 4 weeks
 - No resistive elbow flexion exercises, strengthening or lifting > 2 lbs for first 6 weeks
- ☐ **Distal Clavicle Resection:** *(If box checked follow rehabilitation protocol modifications)*
- Modalities to ACJ for swelling and to trapezius/deltoid for spasm
 - Avoid resisted cross chest adduction strengthening exercises for first 4 weeks
 - No bench press or chest flies for first 8 weeks

Please send progress notes.

Physician's Signature: _____

(I have medically prescribed the above treatments)



Andrew A. Willis, M.D., FAAOS
Board Certified Orthopaedic Surgeon
- CAQ in Sports Medicine
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