



PHYSIOTHERAPY RECORD

Hospital No: MH010505475	Visit No: I14000053261
Name: MRS PUSHPAVATHAMMA	Age/Sex: 64 Yrs/Female
Doctor Name: DR. BELLIPPA CP	Specialty: ORTHOPAEDICS MS
Date: 24/12/2024 10:12AM	Rehabilitation Doctor Name: IMMANUEL PAUL

BP Systolic: 121 mmHg	BP Diastolic: 73 mmHg	Pulse Rate: 73 beats per minute
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Chief Complaints: POSTED FOR RIGHT RC REPAIR WITH SAD

History: Pain right shoulder-radiating to right arm

Limitation of movements of right shoulder

Past Medical History: Bronchial asthma - Foracort Inhaler
Current medications: Foracort Inhaler

Care Planned: ARTHROSCOPIC RIGHT RC REPAIR WITH SUBACROMIAL DECOMPRESSION

Posted for: ARTHROSCOPIC RIGHT RC REPAIR WITH SUBACROMIAL DECOMPRESSION

Surgical procedure: RIGHT SUPRASPINATUS TEA WITH SUBACROMIAL BURSISTIS

Physiotherapy: Phase I done and Phase II done and Phase III
in progress
Advised to continue Phase III for next 6 weeks

Adv:

POST -OPERATIVE REHABILITATION FOLLOWING ARTHROSCOPIC ROTATOR CUFF REPAIR

PHYSIOTHERAPY TO RIGHT SHOULDER FOR THE SUGGESTED PERIOD

Rest

Follow suggested diet plan

- Tab Signoflam
- Require review as advised

Precautions

- No active range of motion of shoulder (AROM) despite minimal to no pain or other symptoms.
- Avoid aggressive and painful passive range of motion (PROM).
- No internal rotation at this time (i.e. reaching behind back).
- Avoid any upper extremity weight bearing of surgical arm.



PHASE I: Passive Range of Motion Phase (WEEKS 1-8 AFTER SURGERY)

PHASE I REHABILITATION COMPLETED

WITH REDUCED INFLAMMATION AND PAIN. CRYOTHERAPY AND TRANSCUTANEOUS ELECTRICAL NEUROMUSCULAR STIMULATION HELPED TO CONTROL POST-OPERATIVE PAIN

Appropriate healing of surgical repair

Inflammation and pain controlled

Suggested to use of abduction pillow in 30 – 45 degrees of abduction

PHASE II: Passive Range of Motion (8-16 WEEKS AFTER SURGERY)

Sling removed with surgeon's clearance

Strengthening

Scapular exercises (without sling)

Scapular retraction, scapular elevation, scapular depression with PT

Appropriate healing of surgical repair.

Good safety adherence to precautions.

Adequate range of motion gains determined by physical therapist and surgeon: At least 100-120 degrees of passive forward

elevation, 25-45 degrees of passive external rotation with arm at neutral, 90 degrees passive abduction.

Inflammation and pain controlled.

Compliance with home exercise program.

PHASE II REHABILITATION COMPLETED

PHASE III: Active Assisted (Weeks 12-16) and Active Range of Motion (14-18 WEEKS AFTER SURGERY)

Continue with Phase I-II Interventions

Active Assisted ROM

Supine AAROM Elevation with short lever arm

Only move through comfortable ranges

Cane or stick AAROM (10 weeks)

Supine AAROM Shoulder Flexion

Supine AAROM Shoulder Abduction

Active ROM

Standing Shoulder ER AROM

Side-lying Shoulder ER AROM

Active Forward Reach

Active Shoulder Elevation

Shoulder Isometrics

Isometric Shoulder Flexion and Isometric Shoulder Extension

Isometric Shoulder ER and Isometric Shoulder IR with arm at side



URN : MH010505475

Standing Rows

Start in standing. Progress to Bent Over Rows

Manual Therapy (after week 10)

Grade 1-2 joint mobilizations, thoracic mobilizations, soft tissue massage to help decrease pain or muscle guarding

Suggestions:

- Appropriate scapular positioning at rest and with upper extremity activity.
- Completion of current rehabilitation program / exercise without increase in pain or difficulty.
- Ability to perform light, nonrepetitive activities of daily living or work tasks below shoulder level without pain or difficulty.
- Continue with same Phase III for at least 6 weeks

DR. BELLIAPPA CP

"MBBS,DNB"

(Orthopaedics)

Reg. No.:68868