

ARTHROSCOPIC SMALL TO MEDIUM ROTATOR CUFF REPAIR PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

PT/OT 2-3 visits per week for 8-12 weeks

RESTRICTIONS:

- **no internal rotation or hyperextension for 6 weeks***
- **no upper body exercises or weights for 3 months**

WEEK 1: Pendulums, ROM and progressive strengthening: elbow, wrist, and hand
PROM: scapular plane elevation: 0-30
ER (in scapular plane): 0-10

WEEK 2: Scapula mobilization
Scapula facilitation- posterior rotation shrugs (without weight)

WEEK 3: PROM: scapular plane elevation: 0-60
ER (in scapular plane): 0-20

WEEK 4: Pulleys
Isometric hold scapular plane elevation @ 30dg (without resistance)
AAROM: Forward elevation: 0-90, ER:0-30

WEEK 6: AAROM: elevation and ER to tolerance,
PROM: as above
AROM: scapular plane elevation to 90dg
Supine shoulder flexion to 90dg
Sidelying ER in modified neutral
ER/IR isometrics

WEEK 8: Progress AROM to resistance
Elastic band ER/IR with arm at side
PRE: prone horizontal abd, prone ER
Scapular plane elevation to 140dg

WEEK 12: May add weights to program (<3 lbs)
Advance ER/IR strengthening to cocking position as tolerated
Eccentric cocking and ER
Increase speed of training

Signature _____ Date _____

Renew Therapy _____ Date _____