

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

Dean Wang, M.D.

Orthopaedic Surgery and Sports Medicine

Appointments: 714-456-7012 (Orange) || 949-515-5210 (Costa Mesa)

Office: 714-456-7012

Fax: 714-456-8711

CA License: A124076

PATIENT STICKER

ARTHROSCOPIC ROTATOR CUFF REPAIR PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: Arthroscopic Rotator Cuff Repair Distal Clavicle Excision Biceps Tenodesis

Postop	Goals	Precautions	Exercises
Weeks 0-4 HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove for hygiene & exercises	Codman & Pendulum Sidelying scapular stabilization Elbow, wrist, hand ROM Gripping exercises
Weeks 4-12 HEP daily	Protect surgical repair Restore ROM Gradual return to light ADL's below 90° elevation Normal scapulohumeral rhythm below 90° elevation	Sling except shower & exercises DC sling at 6 weeks No ER >40° until 6 weeks No FF >120° until 6 weeks	Weeks 4-6: Joint mobilizations Scapular stabilization Deltoid, biceps, triceps isometrics PROM: FF plane scapula 120°, ER 20° Weeks 7-12: Advance scapular stabilization Improve scapulohumeral rhythm below 90° Progress AA/PROM to FF 155°, ABD 135°, ER 45°, ABER 90°, ABIR 45° AROM plain scapula (supine → standing) Begin ER & IR isometrics Hydrotherapy if available
Weeks 12-20 HEP daily	Full ROM Normalize scapulohumeral rhythm throughout ROM Restore strength 5/5	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching OK to begin running/cycling	A/AA/PROM no limits Continue scapular stabilization Advance scapulohumeral rhythm Endurance: upper body ergometer (UBE) Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff
Weeks 20+ HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities Return to sport (MD directed)	Advance eccentric training Initiate plyometrics Advance endurance training Sport specific activities Throwing/racquet program ~5 months Contact sports 6 months

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. Weeks 4-8: begin biceps isometrics. Weeks 8+: begin biceps resistance training.
- SUBSCAPULARIS REPAIR:** Weeks 0-4: no ER>0°, no active IR. Weeks 4-6: no ER>30°, FF>90°, or extension>20°. Weeks 6-12: begin active IR. Weeks 12+: begin resisted IR.

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**