

ASHEESH GUPTA, MD, MPH

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PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: ROTATOR CUFF REPAIR

(WITH SUBSCAPULARIS REPAIR)

(WITH BICEPS TENODESIS)

Please instruct patients on safe methods of dressing, bathing, and personal care.

WEEKS 0 – 4:

Sling Immobilization with abduction pillow

Active ROM Elbow, Wrist and Hand (for biceps tenodesis, passive ROM elbow)

Joint Mobilizations: AC, SC, and Scapula, NO GH mobilizations

Passive ROM Shoulder to restore ROM (progress as tolerated unless limits noted below):

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair, to neutral)

IR to resting position (for posterior rotator cuff repair, no IR beyond neutral)

Avoid pulleys or self-assisted passive motion

Scapular Stabilization exercises without stressing the rotator cuff

WEEKS 5 - 6:

Continue sling, especially at night and risky situations

Active ROM Elbow, Wrist and Hand (for biceps tenodesis, passive ROM elbow)

Warm-Up Shoulder: Passive Pendulums (for biceps tenodesis, support arm in sling)

Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula

Passive ROM Shoulder to restore Full ROM unless limits noted below:

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair, to 30°)

IR to resting position

Avoid pulleys or self-assisted passive motion other than pendulums

Scapular Stabilization exercises without stressing the rotator cuff

WEEKS 7 – 8:

Discontinue sling

Warm-Up Shoulder: Apply moist heat in a supported, gentle stretch position as needed, Pendulums, Active-Assist to Active Retro UBE

Joint Mobilizations: GH, AC, SC physiologic GI-IV as needed

Active-Assist, Passive ROM Shoulder:

Flexion in scapular plane, progress from supine to upright

ER/IR in abduction

NoVa Orthopedics and Spine Care
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Pulley in painfree range
Painfree Isometric Shoulder Flex, Abd, Ext, ER, IR
May begin aquatic therapy exercises if available
Advance periscapular and elbow strengthening exercises
(for biceps tenodesis, active elbow ROM and biceps isometrics)

WEEKS 9 - 12:

Active Warm-Up Shoulder: Pendulums, Active UBE
Joint Mobilizations: GH, AC, SC physiologic GIII-IV as needed
Active, Active-Assist, Passive ROM Shoulder:
Flexion in the scapular plane, progressing from supine to upright
ER/IR in adduction/abduction
Horizontal abduction/adduction
(Restore Full Passive ROM Shoulder in all directions)
Gradually advance painfree RC strengthening
Isometrics: As needed all directions
Aquatic progressive resistance exercises if available
Isotonics: Sidelying abduction to 45 degrees, Standing Scaption thumbs up, Seated Press-Up, Supine Protraction, Sidelying ER, Prone Row, Prone Extension, Prone Horizontal Abduction in full ER, Theraband
Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination
Continue periscapular and elbow strengthening exercises

WEEKS 13 - 16:

Active Warm-Up Shoulder: Pendulums, Active UBE
Joint Mobilizations: GH, AC, SC physiologic GIII-IV as needed
Advance painfree Rotator Cuff strengthening at increasing angles and elevations
Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)
Rhythmic Stabilizations
OKC/CKC Perturbation training
Continue periscapular and elbow strengthening exercises

WEEKS 17 -20:

Advance strengthening exercises if appropriate
Continue Sport and Occupational specific strengthening and activities
Plyometrics if appropriate
Transition to home stretching/strengthening program or work conditioning if appropriate

Frequency: 3 times/week

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Dr. Gupta will only sign Therapy prescriptions at patient visits and will return them with the patient.

Please send Therapy progress notes/prescription renewals with patient or at least **3 days prior to the patient's visit so that we can internally process it for the visit.**

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