ROTATOR CUFF REPAIR (SUBSCAPULARIS REPAIR)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery**: _____

___ Evaluate and Treat **___ Provide patient with home program**

Frequency: _____x/week x _____weeks

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-6 weeks	**0-3 weeks**: None **3-6 weeks**: Begin PROM Limit 90° flexion, 45° ER, 20° extension	**0-2 weeks**: Immobilized at all times day and night Off for hygiene and gentle home exercise according to instruction sheets **2-6 weeks**: Worn daytime only	**0-2 weeks**: Elbow/wrist ROM, grip strengthening at home only **2-6 weeks**: Begin PROM activities Limit 45° ER Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; No active IR
PHASE II 6-12	Begin active/active-assisted ROM, passive	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8

weeks	ROM to tolerance **Goals:** full ER, 135° flexion, 120° abduction		weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* No resisted IR
PHASE III 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running okay at 12 weeks
PHASE IV 4-5 months**	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 5-7 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II
**Limited return to sports activities

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____ Date:_____

Bryan M. Saltzman, MD