

PHYSICAL THERAPY PRESCRIPTION

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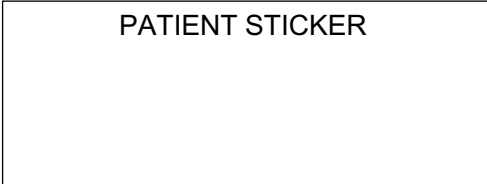
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ROTATOR CUFF REPAIR (+ BICEPS TENODESIS)

DIAGNOSIS: _____

DATE OF SURGERY: _____

	GOALS	PRECAUTIONS	EXERCISES
PHASE I 0-1 weeks	Instruct proper use/fit of sling (neutral rotation) Promote distal UE circulation, motion, and muscle activity (elbow, wrist, hand) Control swelling + pain Monitor healing incisions for signs/symptoms of infection	Sling 24/7 X 6 weeks (remove for grooming, PT, + home exercise program 3-5x/day)	Pendulums Elbow, wrist + hand ROM Grip strengthening Ice for swelling + after HEP as needed
PHASE II 1-6 weeks	True PROM only! PROM FF elevation to 140, ER to 40 (arm at side), ABD to 60-80 (no rotation) Encourage continued elbow ROM including pronation/supination At 4 weeks begin elbow AROM	Sling 24/7 X 6 weeks (remove for grooming, PT, + home exercise program 3-5x/day) No canes/ pulleys (active assist) until 6 weeks postop-op No resisted motions of shoulder until 12 weeks post-op	Pendulums Elbow, wrist + hand ROM Grip strengthening True PROM only for shoulder At 4 weeks begin AROM at elbow with passive stretching at end ranges Ice for swelling + after HEP as needed
PHASE III 6-12 weeks	Begin AAROM → AROM as tolerated ROM goals as in Phase 2, increase as tolerated	Begin to wean from sling , use for comfort and public spaces as desired	Light passive stretching at ROM end ranges, progress beyond Phase 2 goals as tolerated Begin scapular exercises, PRE's for large muscle groups (pec, lat, etc) At 8 weeks may begin strengthening/resisted motion isometrics (arm at side)
PHASE IV 3-12 months	Advance to full ROM as tolerated with passive stretching at end ranges Advance strengthening as tolerated	Strengthen only 3x/ week to avoid rotator cuff tendonitis	Advanced strengthening as tolerated: Isometrics → bands → light weights 1-5lbs; 8-12 reps/ 2-3 sets per rotator cuff, deltoid, and scapular stabilizers Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade) Begin sport-specific rehab at 4.5mo , including advanced conditioning

****For any questions or concerns regarding the protocol or rehabilitation process please contact my office****

Frequency & Duration: 1-3 x / week for 12 weeks

Home program

Additional precautions: _____

Physician Signature: _____