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### **Physical Therapy Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: Right/Left Shoulder Rotator Cuff repair

Date of Surgery: \_\_\_\_\_

- Evaluate and Treat                       Provide patient with home exercise program
- Weeks 1-6
  - ◆Passive and supine Active Assisted ROM only, at 4 weeks begin supine AROM (Goal – 140 degrees FF / 40 degrees ER at side / 70 degrees abduction without rotation)
  - ◆No resisted motions
  - ◆Grip strengthening
- Weeks 6-12
  - ◆D/C sling
  - ◆Progress AAROM to AROM as tolerated (Goal – increase ROM as tolerated)
  - ◆Passive stretching at end ranges (light only)
  - ◆Begin isometrics with arm at side at week 8
  - ◆No strengthening/ resisted motions, may begin basic core strengthening
- Weeks 12-52
  - ◆Advance strengthening as tolerated, begin light weights up to 5 pounds
  - ◆Gently passive stretching to continue daily to gain full ROM
  - ◆Strengthening only 3 times per week
  - ◆Begin eccentrically resisted motion, plyometrics, proprioception (body blade), closed chain exercises, scapular stabilization exercises
  - ◆Advance conditioning and sport/job specific rehab at 4.5 months
  - ◆Return to throwing at 6 months, from pitcher's mound at 9 months
- Other:
  - Modalities
    - Electric Stimulation    Ultrasound    Iontophoresis    TENS    Heat before/after
    - Ice before/after exercise
  - Functional Capacity Exam
  - Work Hardening/Conditioning

Frequency: \_\_\_\_\_ x/ week x \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.