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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.