Bernard R. Bach, Jr., M.D.
Midwest Orthopaedics at Rush Sports Medicine
1611 W. Harrison, Suite 400
Chicago, IL 60612
312-432-2359

Physical Therapy Prescription

Patient Name: _____ Date: _____

Diagnosis: Right/Left Shoulder Rotator Cuff Repair
Date of Surgery: _____

Ǐ Evaluate and Treat Ǐ Provide patient with home exercise program

Ǐ Weeks 1-6
- DǏ Discontinue sling at three weeks postop
- DǏ Passive and supine Active Assisted ROM only, at 4 weeks begin supine AROM (Goal ï 140 degrees FF/40 degrees ER at side/70 degrees abduction without rotation)
- DǏ No resisted motions
- DǏ Grip strengthening

Ǐ Weeks 6-12
- DǏ Progress AAROM to AROM as tolerated (Goal-increase ROM as tolerated)
- DǏ Passive stretching at end ranges (light only)
- DǏ Begin isometrics with arm at side at week 8
- DǏ No strengthening/resisted motions, may begin basic core strengthening

Ǐ Weeks 12-52
- DǏ Advance strengthening as tolerated, begin light weights up to 5 pounds
- DǏ Gently passive stretching to continue daily to gain full ROM
- DǏ Begin eccentrically resisted motion, plyometrics, proprioception (body blade), closed chain exercises, scapular stabilization exercises.
- DǏ Advance conditioning and sport/job specific rehab at 4.5 months
- DǏ Return to throwing at 6 months, from pitcherôs mound at 9 months

Ǐ Other:
- Ǐ Modalities
  - Ǐ Electric Stimulation Ǐ Ultrasound Ǐ Heat before/after Ǐ Ice before/after exercise Ǐ TENS Ǐ Iontophoresis
- Ǐ Functional Capacity Exam
- Ǐ Work Hardening/Conditioning

Frequency: _____x/week x _____ weeks
`
Signature:_____

□ Please fax a copy of patient report to 708-409-5179 at least 3 days prior to patient appointment.