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## Physical Therapy Prescription – Rotator Cuff Repair (MASSIVE)

Name:	Date:
Diagnosis: R / L Shoulder Rotator Cuff Repair	Date of Surgery:
Frequency: 2-3 times per week for we	eeks, beginning 6 weeks after surgery
WEEKS $0 - 6$ : Period of protection $\rightarrow$ no therapy for th	e first 6 weeks
<ul> <li>Sling with abduction pillow: WEAR AT AL</li> </ul>	L TIMES except for hygiene
_	ved; elbow/forearm/wrist/hand motion ONLY
	ning; NO shoulder strengthening or motion exercises permitted
THERAPY Phase I (Weeks 6 – 10 after surgery)	
<ul> <li>Sling with abduction pillow: discontinue</li> </ul>	at 8 wks
	F, ER, and ABD (within a comfortable range); No AROM/AAROM
	pular exercises (while in sling) including elevation with shrugs,
depression, retraction, and protraction	
	rical stimulation, ultrasound, heat (before), ice (after)
THERAPY Phase II (Weeks 10 – 14 after surgery	•
• Range of Motion: Progress PROM and be	-
o Week 10-11: perform while supi	
o Week 11-12: perform while back o Week 12-14: perform while in ar	
• Therapeutic Exercises: Progress Phase I e	
	rical stimulation, ultrasound, heat (before), ice (after)
THERAPY Phase III (Weeks 14 – 18 after surgery	
• Range of Motion: Begin to AROM in all pl	
	tercises (use pillow or folded towel without moving the shoulder)
	rical stimulation, ultrasound, heat (before), ice (after)
THERAPY Phase IV (Weeks 18 – 22 after surgery	
• Range of Motion: Progress to full, painles	• •
	exercises, begin gentle resistance exercises with elastic band or
hand weights, including resisted scapular strengther o Resistance exercises/strengthen o Do not do full or empty-can exer	ning, rotator cuff strengthening, and deltoid strengthening ing only done 3x/ with rest between sessions cises = too much stress on the rotator cuff rical stimulation, ultrasound, heat (before), ice (after)
and a second sec	(2000)
*MMI: at 12 months postop	(MOON PROTOCOL- BLUE)
	•
vsician Signature	Date:

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