



Physical Therapy Prescription – Rotator Cuff Repair (SMALL/MEDIUM)

Name: _____ Date: _____

Diagnosis: R / L Shoulder Rotator Cuff Repair Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, beginning 2 weeks after surgery

WEEKS 0 – 2: Period of protection → no therapy for the first 2 weeks

- **Sling with abduction pillow:** WEAR AT ALL TIMES except for hygiene
- **Range of Motion:** No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY
- **Exercises:** pendulums and grip strengthening; NO shoulder strengthening or motion exercises permitted

Therapy Phase I (Weeks 2 – 4 after surgery)

- **Sling with abduction pillow:** Continue
- **Range of Motion:** PROM only, including FF, ER, and ABD (within a comfortable range); No AROM/AAROM
- **Exercises:** continue pendulums; begin scapular exercises (while in sling) including elevation with shrugs, depression, retraction, and protraction
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Therapy Phase II (Weeks 4 – 8 after surgery)

- **Sling with abduction pillow:** Discontinue at 6 weeks → FIRST at home then in the community
- **Range of Motion:** Progress PROM and begin AAROM → progress slowly
 - o Week 4-5: perform while supine
 - o Week 5-6: perform while back is propped up 45°
 - o Week 6+: perform while in an upright position
- **Therapeutic Exercises:** Progress Phase I exercises; no shoulder strengthening yet
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Therapy Phase III (Weeks 8 – 12 after surgery)

- **Range of Motion:** Begin to AROM in all planes → progress slowly
- **Therapeutic Exercises:** Begin isometric exercises (use pillow or folded towel without moving the shoulder); no resistance exercises until 12 weeks after surgery
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Therapy Phase IV (Weeks 12 – 16 after surgery)

- **Range of Motion:** Progress to full, painless, AROM
- **Therapeutic Exercises:** Progress Phase III exercises, begin gentle resistance exercises with elastic band or hand weights, including resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening
 - o Resistance exercises/strengthening only done 3x/ with rest between sessions
 - o Do not do full or empty-can exercises = too much stress on the rotator cuff
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

5 months: Begin sport specific rehab

6 month: Return to throwing → Throwing from pitchers mound at 9 months

9 months: Collision sports (football, hockey, rugby)

***MMI: at 12 months postop**

Physician Signature: _____

Date: _____

For more orthopedic information and rehab protocols visit www.drsiwiec.com