

Physician's Signature

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ROTATOR CUFF REPAIR (LARGE TO MASSIVE) Postoperative Protocol Referral for Rehabilitation Services Patient Name:_____ Date of Surgery: _____/ Week _____ Weeks Sling for 8 weeks Begin: Phase 1 - Passive 1. Pendulums to warm-up 2. Supine position for elevation and external rotation, progress to upright External rotation limits_____ 3. Start internal rotation after 3rd week post-op 4. Wrist and gripping exercises, elbow AROM Phase 2 - Active Begin: Week 9-12 1. Discontinue sling 2. Return to supine for elevation, progress to upright (lawn chair) 3. Continue external and internal rotation – no restrictions 4. Terminal stretching 5. Bicep/Tricep strengthening with elbow by side 6. Isometric shoulder strengthening only Phase 3 - Resistive Week 13 Begin: 1. Full motion in all planes with no restrictions 2. Rotator cuff and periscapular (shrugs, rows, serratus, etc) strengthening program (use weights or therabands) Several months post-op Late terminal stretching Week 16 Progress RTC strengthening and neuromuscular control exercises Weight training (no long lever arm, abducted position or impingement position exercises) **Return to Activities** Computer One month but keyboard must remain on lap Chip and putt at 4 months / Full game at 6-7 months Golf Tennis Ground strokes at 4-5 months / Full game at 7-8 months I hereby certify these services as medically necessary for the patient's plan of care.