

PHYSICAL THERAPY PRESCRIPTION

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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) ARTHROSCOPIC ROTATOR CUFF REPAIR

DATE OF SURGERY _____

ARTHROSCOPIC SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

NO ACTIVE shoulder ROM against gravity until 6 weeks after surgery

1---2 WEEKS POST---OP:

- * Passive supine elevation using the opposite hand to 90. Passive ER to neutral.
- * Modalities, cryocuff, prn
- * Hand, wrist, elbow, PRE's

2---3 WEEKS POST---OP:

- * Start pendulums, passive supine elevation, passive ER
- * Pulley exercises for flexion, as tolerated. Use cane for ER; towel to increase IR.
- * Begin scapular strengthening program, in protective range
- * Deltoid isometrics

3---5 WEEKS POST---OP:

- * Joint mobilization & PROM as necessary (passive supine elevation, passive ER)
- * Deltoid isometrics
- * Modalities as needed
- * Begin submaximal IR / ER isometric exercises in neutral, arm at side (week 5)
- * Continue scapular strengthening

5---7 WEEKS POST---OP:

- * ROM activities, emphasize flexion. Gentle passive stretch to 120° forward flexion
- * Deltoid isotonic in plane of scapula, only after positive rotator cuff strength is determined (especially forward flexion)
- * Continue with scapular PRE's. Begin biceps PRE's.
- * Continue with modalities, prn.

7---11 WEEKS POST---OP:

- * Progress Rotator cuff isotonic
- * Restore full ROM by 12 weeks
- * Continue with aggressive scapular exercises
- * Upper extremity PRE's for large muscle groups, i.e. pects, lats, etc. at 12 weeks.

- * Begin isokinetic program, IR / ER emphasize eccentrics
- * Continue with flexibility activities

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11---16 WEEKS POST---OP:

- * Aggressive upper extremity PRE's
- * IR / ER isokinetics, velocity spectrum
- * Begin plyometric program for overhead athletes
- * Continue with throwing and racquet program if appropriate
- * Posterior capsule stretching after warm---ups
- * Progress PRE's from side for overhead athletes

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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