Phone (978) 534-6333 www.longviewortho.com

Robert F. Jones, MD Benjamin Brill, DO Alison Bird, MHP, PA-C Daniel O'Leary, PA-C Brian Laurits, NP



Joint Replacement, Sports Medicine, Fracture Care & General Orthopaedics

100 Hospital Road, Suite 3C Leominster, MA 01453

Fax (978) 840-0966

PATIENT NAME: DATE:

ROTATOR CUFF PROTOCOL

POST OP:

Use cryocuff of ice as much as possible for first 2 days, then as needed for pain. Change dressing to light gauze daily for first 4 days, then leave open to air. Leave steri-strips in place.

You may shower on post op day 3. Keep wound area somewhat dry with plastic over dressing, then change dressing after shower.

Sleeping in a proper or partially sitting position is more comfortable, as shoulder is elevated. First post op check up is 7-10 days for suture removal.

Call for temperature > 102 degress, excessive swelling, pain or redness around wound.

PHYSICAL THERAPY:

WEEK 1	Take arm out of sling or cryocuff and move below elbow, wrist and hand at least 4 times a day. Keep upper arm and shoulder at your side to protect the repair. Dangling the arm or Pendulum exercises are allowed. Shoulder brace is worn full time, except for therapy, 4-6 weeks depending on the size of the tear.
WEEK 2-4	Start Physical Therapy; modalities to decrease pain and swelling, passive R.O.M. FF $0 - 120$. ABD 0-90, Rotation 45 Degrees. Active elbow, wrist and hand exercises. No active abduction.
WEEK 5-8	Active assisted R.O.M begins and progresses to regain full R.O.M. Week 6: Advance active motion as tolerated. Also start closed chain exercises for scapula stabilization, d/c brace.
WEEK 8-12	Start strengthening program with Theraband, especially rotation to strengthen subscapularis and infrapinatus.
WEEK 10	Advance to pulleys and light weights.
WEEK 12	Sport specific training or work hardening as needed.
Frequency	Duration

Signature , M.D.