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Syracuse Orthopedic Specialists, PC

Patient name: _____

Date: _____

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:
ROTATOR CUFF TEAR – SUPERIOR CAPSULAR RECONSTRUCTION (SCR)**
(massive tear with allograft reconstruction)

Additional: **Subscapularis repair:** Yes No **Biceps tenodesis:** Yes No

Immediate Post-op Instructions:

- Use ice or cryocuff as much as possible (20 minutes at a time) for first 3-4 days, then as needed for pain and swelling.
- Change dressing to light gauze or band-aids for first 3 days, then may leave open to air. Do not remove any steri-strips (if present).
- You may shower 48 hours after surgery.
- Sleeping in a propped or partially reclined position is often more comfortable.
- Call for temperature > 102 degrees, excessive swelling, redness, or wound drainage.
- No driving until specifically cleared by your MD.
- SLING WILL BE WORN A FULL 6 WEEKS.
- NO CUFF STRENGTHENING UNTIL WEEK 11-12

Therapist: **PLEASE follow protocol. DO NOT ADVANCE MORE QUICKLY WITHOUT MD PERMISSION.** Also please notify surgeon of (a) Any sign of infection; (b) Plateau of PROM over 2 weeks; (c) Failure to reach 90° forward flexion or 30° external rotation by Week 6.

Phase I (Week 0-2): NO SHOULDER PT. One visit to instruct elbow / wrist.

- NO FORMAL PT – one visit during first week for teaching of home exercises / restrictions
- Sling is worn full-time except for exercises and showering.
- Take arm out of sling and move elbow, wrist and hand at least 3 times per day.
- Keep shoulder and upper arm at your side to protect the repair.

Phase II (Weeks 3-6): 2-3x PER WEEK

- Begin formal PT in Week 3.
- Continue sling full-time except for exercises, PT, and showering.
- Modalities to decrease pain and swelling as needed, soft tissue mobilization, and postural education.
- Continue active elbow, wrist, and hand motion.
- Postural education & scapular protraction / retraction / shoulder shrugs / shoulder rolls.
- No isometrics; No active abduction or external rotation allowed.
- **If biceps tenodesis, no biceps strengthening (elbow resistance) until week 8.**
- Begin formal passive ROM only as instructed below. No pulleys.
- Weeks 3-4:
 - > **IF NO SUBSCAPULARIS REPAIR:** Begin formal passive shoulder ROM only. May advance as follows: forward flexion to 90°, abduction to 90°, *external rotation as tolerated* and and internal rotation 60° (not behind back).
 - > **IF SUBSCAPULARIS REPAIR:** Begin formal passive shoulder ROM only. May advance as follows: forward flexion to 90°, abduction to 90°, *external rotation to 30° max* and internal rotation 60° (not behind back).
- Weeks 5-6:
 - Still formal passive shoulder ROM only. May advance forward flexion to 120°.

Phase III (Weeks 7-11): 2-3x PER WEEK

- May discontinue sling as tolerated.
- Reinforce no lifting / pulling / pushing with arm.
- Continue PROM as above.
- May increase passive forward flexion to 150° and abduction to 120°
- IF SUBSCAPULARIS REPAIR, may advance passive ER to 50°

Phase IV (Weeks 12-16): 2x PER WEEK

- Continue PROM in all directions to full as tolerated.
- May begin upper body ergometer with NO resistance.
- May begin GENTLE active assisted range of motion in addition to continued passive motion..
- May begin strengthening – VERY slowly progress in protected planes (abduction and ER for supraspinatus / infraspinatus repair; IR for subscap repair; forward flexion and elbow flexion for biceps tenodesis).
 - External rotation (ER)/Internal rotation (IR) with therabands/tubing
 - ER side lying (lateral decubitus)
 - Lateral raises
 - Full can in scapular plane* (avoid empty can abduction exercises at all times)
 - Prone rowing
 - Prone horizontal abduction
 - Prone extension
 - Elbow flexion
 - Elbow extension

Phase VI (Weeks 16+): 1-2x PER WEEK

- May now advance strengthening all planes, as tolerated
- Gradual work-specific and sports specific hardening.
- Transition to independent home exercise program
- Isokinetic exercises (if available) in IR and ER with 180, 150, 120, 90, and 60°/sec, 15 reps each speed up and down spectrum, in modified neutral or 30-45° abduction, also in scapular plane.
- May perform conventional weight lifting with machine weights and progress to free weight if desired
- Plyometrics with rebounder, medicine ball chest passes etc.

Special instructions: _____

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