

NASSOS ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

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PATIENT NAME: _____

DATE: _____

ARTHROSCOPIC ROTATOR CUFF PROTOCOL

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 REPAIR. DANGLING THE ARM OR PENDULUM EXERCISES ARE ALLOWED. THE SHOULDER BRACE IS WORN FULL TIME FOR 4-6 WEEKS, EXCEPT WHEN DOING THERAPY.

WEEK 2-4: START PHYSICAL THERAPY

- * MODALITIES TO DECREASE PAIN AND SWELLING. PROM FF 0-120, ABD 0-90, EXTERNAL ROTATION TO 45. ACTIVE ELBOW, WRIST, HAND EXERCISES. NO ACTIVE ABDUCTION.

WEEK 5-8: ACTIVE ASSISTED ROM BEGINS AND PROGRESSES TO FULL ROM.

- * WEEK 6 ADVANCE TO ACTIVE MOTION AS TOLERATED. ALSO START CLOSED CHAIN EXERCISES FOR SCAPULA STABILIZATION. DISCONTINUE BRACE.

WEEK 8-12: START STRENGTHENING PROGRAM WITH THERABAND

- * WORK ON ROTATION TO STRENGTHEN SUBSCAPULARIS AND INFRASPINATUS.

WEEK 12: SPORT SPECIFIC TRAINING OR WORK HARDENING AS NEEDED.

FREQUENCY: _____ DURATION: _____

SIGNATURE: _____ JONATHAN T. NASSOS, M.D.