

**Bryan T. Kelly, MD**  
**Orthopedic Surgery and Sports Medicine**  
**The Hospital for Special Surgery &**  
**New York Presbyterian Hospital**  
**520 E 70<sup>th</sup> Street, Starr 2 NY, NY 10021**  
**HSS: 212-606-1159 NYP: 212-746-5348**

**Patient Name:**

**Date:**

**Diagnosis:** S/P Rotator Cuff Repair

**PHYSICAL THERAPY PRESCRIPTION:**

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

- \* Pendulum exercises
- \* Passive supine elevation using the opposite hand. Passive ER to neutral.
- \* Modalities, cryocuff, prn
- \* Hand, wrist, elbow, PRE's
- \* First 6 weeks is home program

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

- \* Continue 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:**

- \* Begin Theraband IR / ER week 6
- \* 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.

**7-9 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.
- \* Begin isokinetic program, IR / ER emphasize eccentrics
- \* Continue with flexibility activities

**9-16 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
- \* Return to sports at approximately 16-20 weeks

**ADDITIONAL INFORMATION / INSTRUCTIONS:**

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

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