



PHYSICAL THERAPY

Patient Name: _____ DOB: _____

**Shoulder and Elbow
Service**

Lee A. Kaback, MD

Arthroscopic Massive Rotator Cuff Repair

ANTERIOR () POSTERIOR ()

No UBE Immediate Postoperative Period

-) Sling for 4-6 weeks
-) Modalities PRN

0-4 Weeks (Goals: Allow ROTATOR CUFF HEALING)

-) Sling at all times
-) No physical therapy to the shoulder
-) Active elbow, wrist and finger ROM only *no shoulder ROM
-) Small arc (pendulums) allowable

4-6 Weeks (Goal: Full active ROM)

-) Discuss with physician and follow specific PT prescription
-) Begin passive and active-assisted ROM (forward elevation in scapular Plane and external rotation at the side) to the limits outlined by the physician:
Forward elevation limit = _____
External rotation limit = _____
Internal rotation limit = _____

Offices:

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6-12 Weeks (Goal: Full active ROM)

-) All active motion should begin in supine position and progress to upright over time
-) Advanced ROM as symptoms allow (full forward elevation, external rotation, and internal rotation)
-) Begin light strengthening weeks 8-12

**Wear sling for 6 weeks from surgery date
May remove pillow at 3 weeks from surgery date**

MD/PA Signature _____ Date _____

Renew _____ No Change _____ Changes as noted _____

_____ Times a Week for _____ Weeks