Dr. Troy Berg

Chippewa Valley Orthopedics & Sports Medicine

Patient_	 	 	
D.O.S		 	

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## ARTHROSCOPIC ROTATOR CUFF REPAIR PROTOCOL ALL SIZES

\*\*PROTOCOL MAY CHANGE DEPENDING ON SIZE OF REPAIR\*\*

_	WEEK 1-3 Begins on DOS	<b>WEEK 4-5</b>	WEEK 6-9	WEEK 10-12	WEEK 13+		
PASSIVE SCAPTION	At least 0-60° Move into available range, painfree and as tolerated	At least 0- 90 <sup>o</sup> Keep advancing, painfree	As tolerated				
ACTIVE SCAPTION	None	None	As tolerated				
PASSIVE ER	0-30	As tolerated, do not push through pain. Advance as able.					
ACTIVE ER	None	None	As tolerated				
IMMOB/SLING	yes	yes	Wean, or per MD	no			
P.T. visits/week	1-3	2-3	2-3	2-3	2, weaning to1		
<b>EXERCISES</b> **For surgery with biceps tenodesis and biceps tenotomy, active	AROM (cervical, elbow, wrist & hand) ** Biceps Tenodesis and tenotomy restrictions	AAROM for Flex, ER	AROM (FLEX, ER, IR) (6 weeks)	Start to push IR more aggressively if needed at 10 weeks	AROM (ABD)		
elbow flexion avoided for 6 weeks. **	PROM Scaption/Rotation	Increase PROM for Scaption and Rotation as tolerated Advance to PROM and into AAROM for Abduction at 8 weeks					
<ul> <li>PT visits/week may vary</li> <li>Individual exercise progression may vary</li> </ul>	Passive Pendulums oint mobilizations, Grade I/II to reduce						
Any questions, please contact: Northwoods Therapy Associates Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060	Please contact Dr. Berg if patient is not progressing per protocol.	Scapular retraction/depression Swiss ball Weight bearing in closed kinetic chain position, stand or sit	Progress with scapular exercises; resistive tubing, row, extensionIsometricsManual resistance and/orProgress prone exercises, horiz abd, tubing/theraband PRE's, small weightsUBE				
September 2015							