

Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY

Phone: 914-580-9624

Montanna.Casey@rothmanortho.com Mackenzie.Lindeman@rothmanortho.com

Terry. Lin@rothmanortho.com www.brandonericksonmd.com

Massive Cuff Repair with Superior Capsular Reconstruction (SCR) Physical Therapy Protocol/Prescription

Name
Diagnosis s/p RIGHT/LEFT RCR with SCR SAD/Acromioplasty Biceps Tenodesis Distal Clavicle Excision
Date of Surgery
Frequency: times/week Duration:Weeks
Weeks 0-6: Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening) Patient to remain in immobilizer for 6 weeks
Weeks 6-8: True PROM only! The rotator cuff tendon needs to heal back into the bone ROM goals: 140° FF/40° ER at side; ABD max 60-80° without rotation Grip strengthening No canes/pulleys until 8 weeks post-op, because these are active-assist exercises Heat before PT, ice after PT
Weeks 8-12: Begin AAROM□AROM as tolerated Goals: Same as above, but can increase as tolerated Light passive stretching at end ranges Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc) Isometrics with arm at side
Months 3-12: Advance to full ROM as tolerated with passive stretching at end ranges Advance strengthening as tolerated: isometrics□bands□light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers Only do strengthening 3x/week to avoid rotator cuff tendonitis Begin eccentrically resisted motions, plyo (ex. Weighted ball toss), proprioception (es. body blade) begin at week MMI is usually at 12 months post-op
Comments:
Functional Capacity EvaluationWork Hardening/Work ConditioningX Teach HEP
Modalities _X_Electric StimulationUltrasound IontophoresisPhonophoresisX_ Heat before _XIce afterTrigger points massageTENSOtherX_ Therapist's discretion
Signature Date