



**Physical/Occupational Therapy Prescription**

**Name:**

**Date of Birth:**

**Diagnosis:** Rotator Cuff Tear      **Code:** M75.1020

**Procedure:** Arthroscopic Assisted Lower Trapezius Tendon Transfer

**Surgery Date:**

**Instructions:**

**Range of motion:**

For the first six weeks post-operatively:

- Passive external rotation and elevation motion only.
- Gunslinger Sling at all times when not performing exercises.
- Please instruct patient and family in a home exercise program.
- No other range of motion, no active motion, no internal rotation, no extension, no pulleys.
- Goal passive range of motion by six weeks: 140° elevation and 40° external rotation.

At six weeks post-operatively:

- Begin active-assisted motion, progressing towards active range of motion.
- Add stretching at end ranges to regain full rotation, No Internal Rotation for 12 weeks post op.
- Suggested home exercises: table slides, canes, pulleys, and gravity-assisted exercise

**Strengthening:**

No strengthening prior to 12 weeks post-operatively, 3-5 pound weight lifting restriction until 12 weeks post-operatively.

Then begin strengthening of rotator cuff, scapular stabilizers, and deltoid progressing slowly from isometrics with the arm at the side to bands to weights to plyometrics.

Once strength is progressing, also add a focus upon scapular mechanics and proprioception.

Do not strengthen more frequently than three times per week to avoid tendonitis.

At 4.5 months post-operatively, progress towards occupation and sport-specific exercises

**Limitations:**

1-2 months: No work with the affected extremity

2-3 months: No lifting greater than 5 lbs

3-4.5 months: No lifting greater than 10 lbs

4.5-6 months: No lifting greater than 20lbs

>6 months: No restrictions, Return to sport

**Modalities:** Heat before and ice after therapy.

**Frequency:** 2-3 times/week

**Duration:** 6 weeks starting at 2 weeks postoperatively

**Signature:**

**Date:**