



PHYSICAL THERAPY REFERRAL

Patient Name: _____ DOB: _____

**Shoulder and Elbow
Service**

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D/C pillow 2 weeks
D/C sling 4 weeks

Arthroscopic Rotator Cuff Repair

-) No internal rotation or hyperextension for 6 weeks*
-) No UBE or weights for 3 months

WEEK 1: Pendulums, ROM and progressive strengthening
elbow, wrist, and hand
PROM: scapular plane elevation to: _____
ER (in scapular plane) to: _____

WEEK 2-3:
Pulleys
Scapula mobilization
Scapula facilitation – posterior rotation shrugs (without weight)

WEEK 4-5:
Isometric hold scapular plane elevation @ 30dg (without resistance)
AAROM:
Forward elevation: _____
ER to _____

WEEK 6:
AAROM: elevation and ER to tolerance, Hyperextension, IR
PROM: as above
AROM: scapular plane elevation to 90dg
supine shoulder flexion to 90dg
side lying ER in modified neutral

WEEK 7:
Progress AROM resistance
Elastic band ER/IR with arm at side

WEEK 8-11:
PRE: prone horizontal abd, prone ER, Flexion to cocking
Scapular plane elevation to 140 dg

WEEK 12:
Bodyblade
May add weights to program
Advance ER/IR strengthening to cocking position as tolerated
Plyoball rebounder for eccentric cocking and ER
Increase speed of training

MD/PA Signature _____ **Date** _____

Renew _____ **No Change** _____ **Changes as noted** _____

_____ **Times a Week for** _____ **Weeks**