

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: RTC insufficiency Code: M75.10

Procedure: Lat Dorsi Tendon T/F to lesser tuberosity: subscapularis insufficiency Surgery Date: \_\_\_\_\_

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**In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.**

*Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.*

**Phase I: Protected ROM (0 to 6 weeks)**

*GOALS: Protect repair, decrease swelling, promote activity of daily living independence*

- May shower immediately over clear waterproof dressing
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum 3-4 times a day
- Standard sling to be worn at all times for 6 weeks. From 6-8 weeks, the sling may be removed in protected environment (i.e. sleeping, in the house)
- Avoid all active and active assisted exercises until cleared by surgeon (including pulley)
- Do not lift anything with the surgical arm
- Elbow, forearm, and hand range of motion out of brace 3 times per day
- Start Pendulum exercises at 2 weeks

**Phase II: Progressive ROM (6 weeks to 12 weeks)**

*GOALS: Protect Repair, restore full passive ROM, establish shoulder dynamic stability*

- Discontinue sling completely at 8 weeks
- Lifting restriction of 5 lbs
- Start active scapular mobility exercises at 6 weeks. Keep the shoulder muscle relaxed
- Progress PROM/AAROM program 3 times per day (start at 6 weeks):
  - Pendulum exercises, pulleys
  - Passive forward elevation to 120 degrees
  - Passive external rotation of the shoulder to 30 degrees
  - Start using pulleys, wand, and supine gravity assisted exercises as tolerated
  - Motions to include abduction, forward flexion, external rotation
  - AVOID resisted training and strengthening
  - AVOID active internal rotation
  - AVOID passive internal rotation stretching
- Start gentle isometric cuff strengthening (NO internal rotation)
- Start Scapular stabilizer strengthening
- OK for walking (outdoor or treadmill), stationary bike. No running

**Phase III: Strengthening (12 weeks to 18 weeks)**

*GOALS: Gentle progressive strengthening, dynamic shoulder stabilization*

- No lifting over 20 lbs
- Initiate isotonic strengthening
- Progress scapular strengthening
- Progressive capsular stretching (avoid aggressive external rotation stretching)
- Include home cuff strengthening program. Progress scapular stabilizer strengthening
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion
- Simulate work/ recreations activities as rotator cuff strength and endurance improve
- OK to return to light sports: jogging, bicycling, light rowing

**Phase IV: Return to normal activities (>18 weeks)**

- No formal restrictions
- Return to sport/heavy lifting work after strength returns to normal (minimum 6 months)
- Aggressive capsular stretching including external rotation allowed
- Return to all sports once strength and range of motion equal to contralateral limb

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature\_\_\_\_\_