

**(PROTOCOL #5) LARGE ROTATOR CUFF REPAIR WITH PILLOW PROTOCOL**

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The Following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON DIRECTION OF PHYSICIAN.**

<b>PHASE</b>	<b>FUNCTIONAL PROGRESSION/ACTIVITIES</b>	<b>GOALS/RESTRICTIONS</b>
Post-op to 4 weeks	OT Only first weeks Reinforce passive with patient Modalities as needed OT elbow/hand ROM putty and ADL modifications	DASH questionnaire at time of evaluation and every 4 weeks <b><u>WITH CONCURRENT BICEPS TENODESIS NO FULL SHOULDER EXTENSION, ELBOW EXTENSION FOR 3 WEEKS; RESISTED PRONATION OR SUPINATION.</u></b>
4 weeks	All of above including: Pendulums on pillow Supine, forward flexion, external rotation, abduction, CAD, PROM external rotation on pillow sitting Pulley flexion and abduction above pillow	
6 weeks	All of above including: Passive flexion, abduction, CAD sitting Internal rotation up back Isometrics: deltoids (anterior, middle, posterior) bicep/triceps, periscapular, shoulder shrugs, scapular retraction	
10 – 12 weeks	All of above including: AROM UBE	<b>BRACING REMOVED ONLY UNDER DIRECTION OF PHYSICIAN</b>

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PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
14 weeks	All of the above including: More strengthening: light dumbbell, biceps/triceps, and Advance therabands Can start full arc band Advance strengthening i.e. Endurance Plyometrics	<b>Activities:</b> Gradually increase activity <b>Golf:</b> pitching wedge to start in approx 6 months <b>Bowling:</b> use weighted ball at approx 6 months <b>Tennis:</b> same start slow gradually increase activity <b>Driving:</b> able to drive, monitor meds, steer with other arm following post-op <b>Shower:</b> usually after first dressing with watertight dressing <b>Throwing:</b> 6 months <b>Running:</b> 3 months

**Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.**

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Robert Doane, M.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Balu Pisupati, PT

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