

SHOULDER PHYSIOTHERAPY REFERRAL

Rotator Cuff Repair

Dear Physiotherapist,
Thank you for seeing:

Surgery Date:

Preoperative Diagnosis: Left / Right rotator cuff tear

Surgical Procedure: Arthroscopic rotator cuff repair

Surgical Findings: Repair of Suprasp Infrasp Subscap Biceps tenodesis Lat clavicle excision

Treatment Required: Could you please commence the following: **Wean sling from 6 weeks post op**

<u>SHOULDER</u>		Days	Week
ROM	Passive closed chain passive desk slide exercises		6
	Forward elevation - Passive supine		6
	- Active supine		12
	- Active erect		12
	External rotation - Passive		6
	- Active		6
	IR / Posterior capsular stretch		12
Strength	Light ER in adduction therapy (<40% max)		12
	Non weight-bearing scapular stabilisation		6
	Lifting limit of 1kg until: (add 1kg per week thereafter)		12
<u>ELBOW</u>			
ROM	Passive	1	
	Active		2

Please notify me by phone, fax or email if you have concerns re:

- Excessive pain
- Excessive stiffness
- Concerns about compliance.

With thanks

Dr Alan Dao Date: _____