



SPECIALISTS IN THE  
MEDICINE OF *motion*



## Robert FitzGibbons, MD

Sports Medicine, Knee & Shoulder Surgery

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort often between you, us, and many other healthcare professionals.

The following packet will hopefully be informative and decrease your stress prior to surgery! There are many other great resources about your condition, knee & shoulder disorders, and sports medicine. We encourage you to learn more about Dr. FitzGibbons, your condition, and access links to helpful websites and videos at [www.OrthoHealth.com](http://www.OrthoHealth.com).

We strive for nothing less than excellence in our quest to help you be the best version of you. We look forward to seeing you on the day of surgery!



# POST-OP ROTATOR CUFF PROTOCOL

## DATE TO BEGIN

\_\_\_\_\_ Pendulum exercises beginning with small circles, clockwise / counter-clockwise and very slowly increasing the size of the circles over time.



\_\_\_\_\_ Table slides for passive motion can be carried out sitting at a kitchen table and sliding the operative hand out on the table approximately 3 times slowly. A magazine/newspaper under the hand may provide a smooth, slippery surface. You should slide the hand forward maintaining contact with the table while the head and chest advance toward the table. You are not actively using your shoulder for this motion. You should then twist your body to the right and left with your arm extended. You should spend approximately 10 minutes carefully doing this exercise 2 times a day.



\_\_\_\_\_ Wall Climbing with PASSIVE return to side: Use the affected shoulder fingers to carefully climb up a smooth wall, facing the wall, and when the hand reaches a height that you do not feel comfortable going beyond, try to leave the hand on the wall and lean towards the wall slowly, but carefully, to stretch the shoulder. After approximately 10-20 seconds allowing it to stretch up high, let the hand slowly slide back down the wall in a careful, controlled fashion. Passive means you are not actively using your shoulder to lift the arm up the wall.



\_\_\_\_\_ Wall climbs with ACTIVE lowering of the hand: This is similar to passive wall climbs, except that when you get it to maximum height, you are going to step away from the wall and try to lower your hand using your own muscle function in the shoulder, but having the wall close enough to catch it if you have trouble keeping the arm up under your own strength.





# POST-OP ROTATOR CUFF PROTOCOL

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\_\_\_\_\_ Towel/Stick Stretches behind the Back: Utilizing the unaffected shoulder, lower a towel down the back of your spine, grasping the towel or stick with your surgery hand and slowly use your unaffected arm to pull your affected hand/shoulder up the spine.



\_\_\_\_\_ An additional exercise to increase internal rotation: Stand with your back against a table/chair/counter. Grasp the table/chair/counter firmly with your spine in the center of the table/chair/counter, keeping your body square to the surface you are holding, bend your knees to bring your hand slowly up your spine.

