

Official Health Care Partner



**UAB MEDICINE**

ORTHOPAEDIC SURGERY

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**PATIENT NAME:**

**PROCEDURE:**

**DATE OF SURGERY:**

**WB Restrictions:**

**PHYSICAL THERAPY ORDER – Operative Fixation of Greater Tuberosity Fixation**

Sling for 5 weeks.

**PHASE 1**

Weeks 0-6

WB status: NWB upper extremity

PROM: ER to 30 degrees, flexion to 90 degrees, very gentle IR as tolerated

Work on elbow/wrist/hand/finger motion

Begin active scapular retraction/protraction exercises with therapist cueing

Use modalities to decrease pain and inflammation

**PHASE 2**

Weeks 6-12

WB status: NWB upper extremity

Motion: Begin active assisted forward elevation to 90 degrees and ER to 40 degrees and progress as tolerated; progress PROM as tolerated; IR in scapular plane and progress as tolerated

**PHASE 3**

Weeks 12+

WB status: WBAT

Motion: Allow full passive, active-assisted, and active ROM

Begin strengthening program including cuff strengthening