

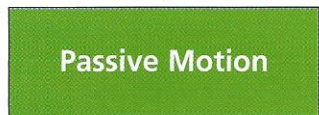
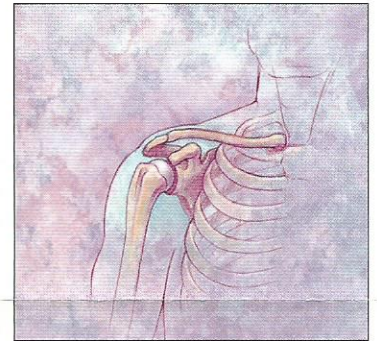
The Importance of CPM following Shoulder Surgery



Early Passive Range of Motion is critical for optimal outcomes, especially following rotator cuff repair

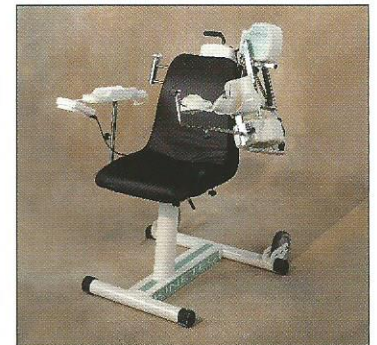
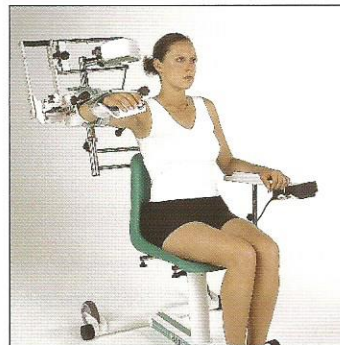
Immobilization has detrimental effects on connective tissue and surrounding structures, including shortening of tissue, decreased tensile strength, edema formation, venous stasis and atrophy. These effects may lead to impairments such as tissue failure under normal loading, muscular weakness, decreases in ROM and synovial joint dysfunction.^{1,2,3,4}

The use of early passive motion exercises to prevent the detrimental effects of immobilization is not controversial. These exercises can be performed while protecting the surgically repaired site.⁵



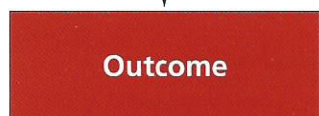
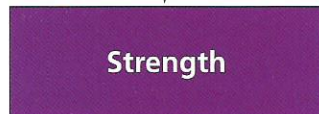
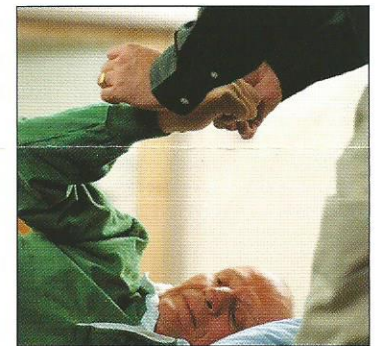
Passive Range of Motion is indicated postoperatively for 2 to 6 weeks

During the healing phase following surgery only passive range of motion is performed to protect the surgical site.^{1,3,6}



Managed Care often limits patient rehab visits based solely on diagnosis

Many managed care programs limit the number of physical or occupational therapy visits for post-surgical treatment of rotator cuff repairs. Some programs allow as few as six total visits.⁷



Please see reverse side for Outcomes.



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The Outcomes of CPM following Shoulder Surgery

Outcome

CPM use at home promotes greater outcomes during therapy visits

Shoulder CPM at home during the early stages of rehabilitation maximizes the effectiveness of limited therapy visits. If a patient achieves their PROM goals at home, then therapy visits can be used for AROM, strengthening and return to function.⁹

Studies show CPM is a more true form of passive motion than passive ROM performed by a therapist, patient or family member

Pulley and bar raise exercises by the patient or care giver showed significant increase in muscle activity compared to CPM and may increase risk of suture line failure in a post-op rotator cuff repair.⁸

Subjects practicing standard, self-powered PROM cane and pulley exercises found them difficult to perform. The study did not include post-op patients who would have a more difficult time performing exercises secondary to pain and apprehension.⁸

Most insurance companies pay for shoulder CPM

With proper documentation and patient education, most insurance companies agree to cover shoulder CPM.¹⁰

Case managers may prove to be a valuable ally when the patient's comfort is at risk. Coverage for CPM is often granted when objections are overcome.

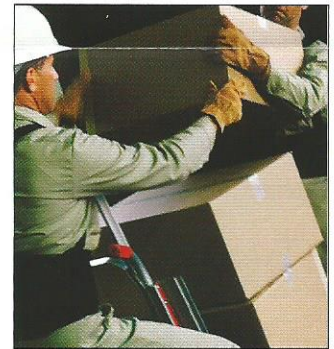
Medicare does not currently cover shoulder CPM. However, many secondary policies will cover what Medicare does not.

Shoulder CPM is a cost-effective therapy

Patients become independent faster and are able to return to work or activities of daily living earlier, resulting in savings to the patient, employer and insurance company.¹¹

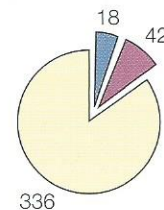
Shoulder CPM users are highly compliant due to pain-free movement with control, reducing overall rehabilitation costs.¹²

Home CPM is an adequate rehab alternative to home physical therapy with similar results at a lower cost.⁹ Patients require less pain medication.¹³



CPM is a more cost-effective method for providing passive motion therapy.*

Six Weeks of Passive Motion Therapy



PT (3x/wk) = 18 hours
Home Exercises (1hr/day) = 42 hours
CPM (8 hrs/day) = 336 hours
*Based on a 6-week daily passive motion protocol following surgery

For further details about the benefits of CPM, please call a member of the Sammons Preston Rolyan CPM sales team at 800-228-3693 x8774



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