



REHAB PROTOCOL ROTATOR CUFF TEAR (CONSERVATIVE)

- 3-4 visits over 4-6 weeks (usually 2-3 visits)
- Emphasis is on AAROM and a high repetition, low weight free weight program
- Patient should have at least 80% full AROM for each exercise before adding/progressing weight
- Address scapular mal-positioning
- Address posterior capsule tightness if applicable
- Minimal to no pain during or after exercises, although fatigue is OK
- No passive ROM (PROM) or pulleys, unless specifically indicated by the physician

1. Modalities:

- a. Ice following exercises
- b. Transfrictional massage for tendonitis (if indicated by physician)
- c. No phonophoresis/iontophoresis
- d. Ultrasound (if indicated by physician)
- e. Soft-tissue techniques (if indicated by physician)

2. Stretching/ROM (2x/day) – if limited

- a. Codman's (pendulum) exercises to warm up
- b. AAROM (wand exercises) in all movements – full ROM as tolerated – accept minimal pain only!
- c. Four corner stretch
- d. Manual technique to address posterior capsular hypomobility - use conservatively and only if B and C fail III.

3. Strengthening – all exercises painfree ROM only (3x/week max)

- a. Supine rotator cuff program
 - i. Start against gravity and gradually progress with weights
 - ii. Progress to isotonic exercises when elevation against gravity > 80 deg.
- b. Isotonic exercises – strengthening exercises #1-8 as tolerated
 - i. Perform with free weights only (No theraband - except IR #6)
 1. Repetitions – 20-50 reps before adding/progressing in weight
 2. Start against gravity without weight; progress as tolerated to:
 - a. 2 oz (dinner knife)
 - b. 4 oz. (tuna can)

- c. 8 oz. (soup can)
 - d. 1 lb. weight
 - e. 2 lbs. weight, etc.
 - ii. Goals:
 - 1. Overhead athlete: 3-5 lbs x 50 reps.
 - 2. General rehab candidate: 1-3 lbs x 30-50 reps.
 - 3. Progress weight as tolerated – painfree (examine with elbow at side, usually progress faster to higher weights)
 - c. Scapular stabilization exercises – #1-8 as tolerated
 - i. Particular emphasis if scapulothoracic weakness or maltracking present
 - ii. Emphasize inferior trapezius and serratus anterior - Inhibit excessive superior trapezius D.
 - d. Subscapularis exercises - #1-3
 - i. Perform 30-50 reps of each exercise
 - ii. Emphasis on proper technique and ensure that shoulder is not moving forward
 - iii. Tension of theraband for exercise #2 may be gradually increased
- 4. Return To Activity:**
- a. A gradual return to activity may be implemented once the activities of daily living are painfree, or a satisfactory functional capacity has been reached.
 - b. Maintenance and continuation of isotonic strengthening exercises should be encouraged 1-2x/week for 3-6 months.
 - c. The patient should never return to low repetition, high weight work-outs.
 - i. Maintain 25-30 rep work-outs V.
- 5. General Information:**
- a. Emphasize improved strength via neural recruitment, tissue remodeling, and correct scapular positioning

This protocol provides you with general guidelines for the conservative rehabilitation of the patient with a rotator cuff tear (RCT). The physician will make specific changes to the program as appropriate for an individual patient.