

**Physical Therapy
Rotator Cuff Tendonitis/Tear Non-Operative Protocol
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Phase I – Inflammatory Phase (0-2 Weeks):

- Modalities to control inflammation:
 - Prescription anti-inflammatories
 - Ice
 - Clinical modalities as needed
- Cervical and thoracic spine:
 - Evaluate and treat cervical and thoracic dysfunction contributing to shoulder pathology
- Glenohumeral range of motion:
 - Apply appropriate joint mobilization to restrictive capsular tissues
 - Implement wand stretching as indicated
 - Supplement with home program
 - Cross arm stretch
 - Side-lying internal rotation
 - Thumb up back
 - Triceps stretching
- Scapulothoracic range of motion:
 - Treat restricted soft tissue contributing to impingement
- Early scapular strengthening:
 - Begin scapular stabilization with appropriate instruction in mid and lower trapezius facilitation

Phase II – Subacute Phase; Early Strengthening (2-4 Weeks):

- Continue with modalities and range of motion as outlined in Phase I
- Begin rotator cuff strengthening:
 - Theraband internal/external rotation (0° abduction)
 - Rows
 - Prone table extension
 - Scaption (not above 90°)
 - Ceiling punch
 - Biceps
 - Triceps

Phase III – Advanced Strengthening (4-6 Weeks):

- Continue with Phase II strengthening with the following additions:
 - Prone horizontal abduction at 90° with external rotation
 - Prone row with external rotation
 - Theraband IR/ER at 90° abduction
 - Push-up progression
 - Advance gym strengthening: front latissimus pulls, light chest work in protected range of motion
 - Seated press-ups
 - Resisted PNF patterns
 - Begin two arm plyometric exercises, advancing to one arm

Phase IV – Return to Sport (6-8 Weeks):

- Continue with Phase III program
- Re-evaluation with physician and therapist
- Advance to return to sport program as motion and strength allow

This protocol is intended to provide a general guideline to treating a rotator cuff tear. Progress should be modified on an individual basis.