

NON-SURGICAL ROTATOR CUFF TEAR REHABILITATION PROGRAM**PHASE I: Weeks 0-4****Restrictions**

- Avoid provocative maneuvers or exercises that cause discomfort
 - Includes both offending ROM exercises and strengthening exercises
- Patients may have an underlying coracoacromial bursitis, therefore ROM exercises and muscle strengthening exercises should begin with the arm in less than 90° of abduction
- Avoid abduction-rotation – recreates impingement maneuver
- Avoid “empty-can” exercises

Immobilization

- May have brief sling immobilization for comfort only (3-6 days)

Pain Control

- Reduction of pain and discomfort is essential for recovery
- Medications
 - NSAID’s – with caution in the elderly population
 - Subacromial/intra-articular injection of corticosteroid and local anesthetic; may be considered at discretion of physician
- Therapeutic modalities
 - Ice, ultrasound, HVGS
 - Moist heat before therapy, ice at end of session

Shoulder Motion**Goals**

- Internal and external rotation equal to contralateral side, with the arm positioned in less than 90° of abduction

Exercises

- Begin with Codman pendulum exercises to gain early motion
- Passive ROM exercises
 - Forward flexion
 - Extension
 - Internal and external rotation
 - Capsular stretching for anterior, posterior, and inferior capsule by using the opposite arm

- Avoid assisted motion exercises
 - Forward flexion
 - Extension
 - Internal and external rotation
- Progress to active ROM exercises
 - “Wall-walking”

Elbow motion

- Passive to active motion, progress as tolerated
 - 0-130°
 - Pronation to supination as tolerated

Muscle Strengthening

- Grip strengthening (racquetball, etc.)
- Use of the arm for activities of daily living **below shoulder level**

Criteria for progression to PHASE II

- Minimal pain and tenderness
- Improvement of passive ROM
- Return to functional ROM

PHASE II: Weeks 4-8

Goals

- Improve shoulder complex strength, power and endurance

Restrictions

- Avoid provocative maneuvers or exercises that cause discomfort for the patient
- Includes both ROM exercises and strengthening exercises

Immobilization

- None

Pain Control

- Reduction of pain and discomfort is essential for recovery
- Medications
 - NSAID’s – with caution in the elderly population
 - Subacromial/intra-articular injection of corticosteroid and local anesthetic; may be considered at discretion of physician
- Therapeutic modalities
 - Ice, ultrasound, HVGS
 - Moist heat before therapy, ice at end of session

Shoulder Motion

- Equal to contralateral shoulder in all planes of motion

Exercises

- Passive ROM
- Capsular stretching
- Active-assisted motion exercises
- Active ROM exercises

Elbow Motion

- Passive to active motion, progress as tolerated
 - 0-130°
 - Pronation and supination as tolerated

Muscle Strengthening

- Three times per week, 10-15 repetitions, for three sets
- Strengthening of the remaining rotator cuff muscles
- Begin with closed-chain isometric strengthening
 - Internal rotation
 - External rotation
 - Abduction
- Progress to open-chain strengthening with very low weight dumbbells or equivalent
 - Exercises performed with the elbow flexed to 90°
 - Starting position is with the shoulder in neutral position of 0° forward flexion, abduction, and external rotation
 - Exercises are done through an arc of 45° in each of the five planes of motion
- Strengthening of deltoid
- Strengthening of scapular stabilizers
 - Closed-chain strengthening exercises
 - Scapular retraction (rhomboids, middle trap)
 - Scapular protraction (serratus anterior)
 - Scapular depression (latissimus dorsi, trapezius, serratus anterior)
 - Shoulder shrugs (upper trap)
 - Progress to open-chain scapular stabilizer strengthening

Criteria for progression to PHASE III

- Full painless ROM
- No pain or tenderness with strengthening exercises

PHASE III: Weeks 8-12

Goals

- Improve neuromuscular control and shoulder proprioception
- Prepare for gradual return to functional activities
- Establish a home exercise maintenance program that is performed at least three times per week for both stretching and strengthening

Functional Strengthening

- Plyometric exercises

Progressive, Systematic Interval Program for Returning to Sports

- Throwing athletes
- Tennis
- Golf

Maximal improvement is expected by 4-6 months

Warning signals

- Loss of motion
- Lack of strength progression – especially abduction and forward elevation. Keep in mind goals may be limited depending upon patient health status, age, and tear size.
- Continued pain – especially at night

Treatment of Warning signals

- These patients may need to move back to earlier routines
- May require increased utilization of pain control modalities as outlined above
- May require surgical intervention

THIS PROTOCOL PROVIDES YOU WITH GENERAL GUIDELINES FOR THE NON-SURGICAL REHABILITATION OF THE PATIENT WITH A FULL-THICKNESS ROTATOR CUFF TEAR.

SPECIFIC CHANGES IN THE PROGRAM WILL BE MADE BY THE PHYSICIAN AS APPROPRIATE FOR THE INDIVIDUAL PATIENT.

QUESTIONS REGARDING THE PROGRESS OF ANY SPECIFIC PATIENT ARE ENCOURAGED, AND SHOULD BE DIRECTED TO COREY A. WULF, MD @ 952-944-2519

REFERENCE

Brotzman, S.B. & Wilk, K.E. (2003). *Clinical orthopaedic rehabilitation* (2nd. Ed.). Mosby.