

ROTATOR CUFF TENDONITIS/IMPINGEMENT PROTOCOL

Goals:

- Reduce pain and inflammation
- Maximize ROM/flexibility of glenohumeral and scapulothoracic joints
- Maximize strength/endurance of rotator cuff and scapular musculature
- Educate client in short –term use of sling for protection and active-rest if necessary
- Educate client in home exercise program and self-management techniques
- Return client to ADL's/recreational/occupational and sport activities

Phase I – Maximal Protection Phase

- Pain-free AAROM:
 - Pendulum exercises
 - Pulley
 - T-Bar to tolerance
 - Flexion/extension
 - Abduction/adduction
 - ER/IR (start at 0 degrees abduction, progress to 45 degrees and then 90 degrees abduction)
- Strengthening exercises:
 - Isometrics (all planes at sub-maximal, pain-free level)
Tubing ER/IR at side in late phase
- Pain/inflammation modalities

Phase II – Moderate Protection Phase

- Continue ROM exercise and initiate self-capsular stretches:
 - Anterior capsule/pectoralis major and minor stretch (corner stretch)
 - Inferior capsule stretch
 - Posterior capsule stretch (standing, sideling IR)
- Initiate therapist assisted mobilizations and stretching as needed
- Progress strengthening exercises (dumbbell and T-band for RTC and scapular muscles)
 - Flexion/Scaption
 - Sideling ER
 - Prone horizontal abduction
 - Prone rows
- Initiate upper extremity cycle for endurance
- Initiate neuromuscular control exercises:
 - Rhythmic stabilization (2 arms → 1 arm → eyes open → eyes closed)
 - Ball on wall circles, ABC's etc
- Continue pain control modalities as needed



Home to the Texas Rangers

Phase III – Minimal Protection/Dynamic Strengthening Phase

- Continue ROM/mobilizations/capsular stretching exercises
- Strengthening:
 - Continue dumbbell strengthening
 - Continue T-band program for endurance
 - Initiate isokinetic strengthening in neutral with high speeds/high reps
 - Initiate latissimus, pectoralis, and deltoid strengthening with shoulder precautions
- Continue neuromuscular control activities:
 - Initiate plyometrics (2 handed → 1 handed)
- Continue pain/inflammation control modalities prn

Phase IV – Return to Activity Phase

- Continue strengthening program
- Continue ROM/flexibility program
- Continue neuromuscular control program
- Initiate interval sport program

Criteria for return to play:

- Physician approval
- Satisfactory ROM
- Satisfactory strength test
- Satisfactory clinical exam
- Satisfactory completion of interval sport program