

Non-Operative Rotator Cuff Tear Protocol

Acute/early phase (limited, painful AROM, painful resisted testing)	Sub-acute/mid phase (~ full AROM, minimal to no pain with resisted testing)
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Pain assessment ➤ Posture, scapulo-thoracic/humeral position ➤ Active/passive shoulder range of motion ➤ Capsular mobility, scapular/thoracic mobility ➤ Shoulder, scapular strength ➤ Assess functional/sport expectations 	<ul style="list-style-type: none"> ➤ Posture, scapulo-thoracic/humeral position ➤ Thoracic mobility ➤ Shoulder, scapular strength ➤ Assess functional/sport expectations
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Correct postural adaptations ➤ Daily functional postural modification ➤ Activity modification, as indicated ➤ Emphasis of HEP compliance (flexibility exercises daily, strengthening exercises 3x/week) 	<ul style="list-style-type: none"> ➤ Continue with postural correction ➤ Activity modification → initiation, as indicated ➤ Emphasis on HEP compliance (flexibility exercises daily, strengthening exercises 3x/week)
Therapeutic Exercise**	Therapeutic Exercise**
<ul style="list-style-type: none"> ➤ AAROM of shoulder (i.e. table-top, cane, pulley, MET) ➤ Postural mobility (i.e. self thoracic mobs) ➤ Postural setting exercises (i.e. scapular retraction, UBE retro, thera-band rows, extension) ➤ Dynamic stab (i.e. RC, add, scapula) (short lever arm → long lever arm, isometrics → isotonic) ➤ Shoulder/capsular stretches (i.e. pec minor) 	<ul style="list-style-type: none"> ➤ Continue postural mobility ➤ Advance shoulder/capsular stretches (i.e. towel stretch behind back, posterior capsule stretch) ➤ Initiate rotator cuff strengthening (i.e. IR/ER with thera-band, sidelying ER), deltoid program ➤ Progress scapular muscle training (i.e. prone extension, prone horizontal abduction, prone row, prone row into ER, table press downs, “W”, push up plus, dynamic hugs, wall slides)
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ GH mobilization* ➤ Scapular/thoracic mobilization* ➤ Soft tissue mobilization, as indicated (i.e. pec minor, infraspinatus, teres minor, UT) ➤ Deep friction massage, as indicated 	<ul style="list-style-type: none"> ➤ Thoracic mobilization* ➤ Soft tissue mobilization, as indicated (i.e. pec minor, infraspinatus, teres minor, UT) ➤ Deep friction massage, as indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Decrease/diminish pain ➤ Normalize motion ➤ Increase capsular mobility ➤ Establish dynamic stability (IR/ER) ➤ Demonstration of postural correction ➤ Activity modification, as needed ➤ Independent/compliant HEP 	<ul style="list-style-type: none"> ➤ Maintain postural correction ➤ Increase shoulder/scapular strength ➤ Advance dynamic stability ➤ Independent/compliant HEP
<p>* Based on joint mobility deficits based on evaluation ** Exercises within each category are to provide the clinician with examples based on evidence based research, but are not all inclusive</p>	

Chronic/Late Phase (full, painfree ROM, painfree resisted testing)	Special Considerations
Evaluate	Findings consistent with hypermobility
<ul style="list-style-type: none"> ➤ Posture, scapulo-thoracic/humeral position ➤ Thoracic mobility ➤ Shoulder/scapular strength ➤ Endurance/stability ➤ Readiness to return to sport/activity 	<ul style="list-style-type: none"> ➤ Focus on neuro-muscular re-education, proprioception ➤ Optimize static and dynamic stabilization ➤ Balance the shoulder complex to optimize shoulder mechanics
Patient Education	Findings consistent with internal impingement
<ul style="list-style-type: none"> ➤ Review postural correction with sport/activity ➤ Emphasis gradual return to sport/activity ➤ Continue emphasis on HEP compliance (flexibility exercises daily, strengthening exercises 3x/week) 	<ul style="list-style-type: none"> ➤ Posterior shoulder pain during shoulder abduction and end-range ER (results in supraspinatus and infraspinatus contacting glenoid rim/labrum → becomes susceptible for fraying of the cuff) ➤ Balance shoulder ROM, improve IR ROM ➤ Promote shoulder girdle stabilization ➤ Focus on postural correction
Therapeutic Exercise**	
<ul style="list-style-type: none"> ➤ Continue with ROM, flexibility/mobility exercises ➤ Progress shoulder/scapular strengthening (i.e. full can, stability ball scapular strengthening (prone/seated), side plank with shoulder ER) ➤ Initiate endurance exercises (i.e. sustained holds, wall ball IR/ER, plank) ➤ Specificity training to promote return to sport/activity (i.e. IR/ER with increased elevation, PNF patterns, Wilk Fundamental Exercises) 	
Manual Techniques	
<ul style="list-style-type: none"> ➤ Thoracic mobilization* ➤ Soft tissue mobilization , as indicated 	
Goals	
<ul style="list-style-type: none"> ➤ Maintain flexibility of shoulder girdle, thoracic spine ➤ Progress shoulder/scapular strength ➤ Increase shoulder girdle endurance ➤ Promote safe return to sport/activity ➤ Transition to continued independent HEP 	
<p>* Based on joint mobility deficits based on evaluation ** Exercises within each category are to provide the clinician with examples based on evidence based research, but are not all inclusive</p>	

References

- Bang M, Deyle G. Comparison of supervised exercise with and without manual physical therapy for patients with shoulder impingement syndrome. *Journal Of Orthopaedic & Sports Physical Therapy* [serial online]. March 2000;30(3):126-137. Available from: CINAHL, Ipswich, MA. Accessed August 6, 2015.
- Escamilla R, Yamashiro K, Paulos L, Andrews J. Shoulder muscle activity and function in common shoulder rehabilitation exercises. *Sports Medicine* [serial online]. August 2009;39(8):663-685. Available from: CINAHL, Ipswich, MA. Accessed August 6, 2015.
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