

## 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"> <li>➤ Pain assessment</li> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Active/passive shoulder range of motion</li> <li>➤ Capsular mobility, scapular/thoracic mobility</li> <li>➤ Shoulder, scapular strength</li> <li>➤ Assess functional/sport expectations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Thoracic mobility</li> <li>➤ Shoulder, scapular strength</li> <li>➤ Assess functional/sport expectations</li> </ul>
Patient Education	Patient Education
<ul style="list-style-type: none"> <li>➤ Correct postural adaptations</li> <li>➤ Daily functional postural modification</li> <li>➤ Activity modification, as indicated</li> <li>➤ Emphasis of HEP compliance (flexibility exercises daily, strengthening exercises 3x/week)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue with postural correction</li> <li>➤ Activity modification → initiation, as indicated</li> <li>➤ Emphasis on HEP compliance (flexibility exercises daily, strengthening exercises 3x/week)</li> </ul>
Therapeutic Exercise**	Therapeutic Exercise**
<ul style="list-style-type: none"> <li>➤ AAROM of shoulder (i.e. table-top, cane, pulley, MET)</li> <li>➤ Postural mobility (i.e. self thoracic mobs)</li> <li>➤ Postural setting exercises (i.e. scapular retraction, UBE retro, thera-band rows, extension)</li> <li>➤ Dynamic stab (i.e. RC, add, scapula) (short lever arm → long lever arm, isometrics → isotonic)</li> <li>➤ Shoulder/capsular stretches (i.e. pec minor)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue postural mobility</li> <li>➤ Advance shoulder/capsular stretches (i.e. towel stretch behind back, posterior capsule stretch)</li> <li>➤ Initiate rotator cuff strengthening (i.e. IR/ER with thera-band, sidelying ER), deltoid program</li> <li>➤ 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)</li> </ul>
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> <li>➤ GH mobilization*</li> <li>➤ Scapular/thoracic mobilization*</li> <li>➤ Soft tissue mobilization, as indicated (i.e. pec minor, infraspinatus, teres minor, UT)</li> <li>➤ Deep friction massage, as indicated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Thoracic mobilization*</li> <li>➤ Soft tissue mobilization, as indicated (i.e. pec minor, infraspinatus, teres minor, UT)</li> <li>➤ Deep friction massage, as indicated</li> </ul>
Goals	Goals
<ul style="list-style-type: none"> <li>➤ Decrease/diminish pain</li> <li>➤ Normalize motion</li> <li>➤ Increase capsular mobility</li> <li>➤ Establish dynamic stability (IR/ER)</li> <li>➤ Demonstration of postural correction</li> <li>➤ Activity modification, as needed</li> <li>➤ Independent/compliant HEP</li> </ul>	<ul style="list-style-type: none"> <li>➤ Maintain postural correction</li> <li>➤ Increase shoulder/scapular strength</li> <li>➤ Advance dynamic stability</li> <li>➤ Independent/compliant HEP</li> </ul>
<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>	

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<b>Chronic/Late Phase</b> (full, painfree ROM, painfree resisted testing)	<b><u>Special Considerations</u></b>
<b>Evaluate</b>	<b>Findings consistent with hypermobility</b>
<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Thoracic mobility</li> <li>➤ Shoulder/scapular strength</li> <li>➤ Endurance/stability</li> <li>➤ Readiness to return to sport/activity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Focus on neuro-muscular re-education, proprioception</li> <li>➤ Optimize static and dynamic stabilization</li> <li>➤ Balance the shoulder complex to optimize shoulder mechanics</li> </ul>
<b>Patient Education</b>	<b>Findings consistent with internal impingement</b>
<ul style="list-style-type: none"> <li>➤ Review postural correction with sport/activity</li> <li>➤ Emphasis gradual return to sport/activity</li> <li>➤ Continue emphasis on HEP compliance (flexibility exercises daily, strengthening exercises 3x/week)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 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)</li> <li>➤ Balance shoulder ROM, improve IR ROM</li> <li>➤ Promote shoulder girdle stabilization</li> <li>➤ Focus on postural correction</li> </ul>
<b>Therapeutic Exercise**</b>	
<ul style="list-style-type: none"> <li>➤ Continue with ROM, flexibility/mobility exercises</li> <li>➤ Progress shoulder/scapular strengthening (i.e. full can, stability ball scapular strengthening (prone/seated), side plank with shoulder ER)</li> <li>➤ Initiate endurance exercises (i.e. sustained holds, wall ball IR/ER, plank)</li> <li>➤ Specificity training to promote return to sport/activity (i.e. IR/ER with increased elevation, PNF patterns, Wilk Fundamental Exercises)</li> </ul>	
<b>Manual Techniques</b>	
<ul style="list-style-type: none"> <li>➤ Thoracic mobilization*</li> <li>➤ Soft tissue mobilization , as indicated</li> </ul>	
<b>Goals</b>	
<ul style="list-style-type: none"> <li>➤ Maintain flexibility of shoulder girdle, thoracic spine</li> <li>➤ Progress shoulder/scapular strength</li> <li>➤ Increase shoulder girdle endurance</li> <li>➤ Promote safe return to sport/activity</li> <li>➤ Transition to continued independent HEP</li> </ul>	
<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>	



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## References

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