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REHABILITATION PROTOCOL FOR NON-OPERATIVE ROTATOR CUFF

Physiotherapy Guidelines

This is a guideline to help you progress your shoulder rehabilitation so that you can achieve a functional shoulder. A physiotherapist who is experienced with shoulder rehabilitation should be consulted; keep in mind each patient requires individual modification of the program depending on the extent of the original injury, pain level, degree of stiffness, and strength. Please use this as a prescription for Physiotherapy.

Patient Name: _____ **Date:** _____

Surgeon: French / LeBlanc / Sabo _____

Diagnosis: _____

After initial assessment of the patient:

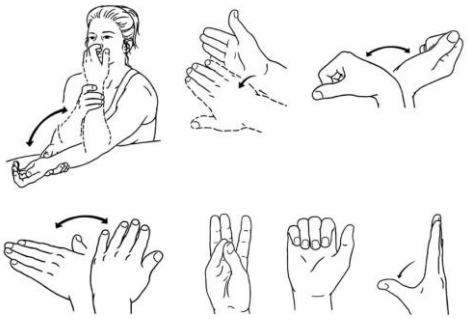
- ***Start at Step 1 if the patient is highly symptomatic.***
- ***Start at Step 2 if the patient is less symptomatic and demonstrates good scapular control.***

Step 1:

Goals: manage pain & swelling, introduce gentle active-assisted shoulder movements, maintain mobility of elbow/wrist/hand, teach postural & scapular control exercises.

Manual Therapy:

- It is recommended to apply ice to shoulder after exercise
- Gentle massage around the shoulder girdle, including trigger points to supraspinatus, infraspinatus, & biceps belly



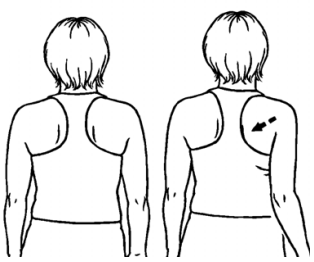
***Elbow, Wrist, Hand*:** full active range of motion as tolerated

Scapular Activation/Setting: postural education & scapular elevation, depression, protraction, retraction (a)

Pendular Exercises: arm hanging or supported depending on comfort; pain-free range (b)

DOSAGE: Perform range of motion exercises approximately 3x/day for 10-20 reps with 5s holds, as pain allows. Progress based upon pain response.

a)



b)

Active-Assisted Shoulder Range of Motion: These are movements performed with the assistance of a stick or your unaffected arm as tolerated. **Goal is to achieve full pain-free range of motion.**

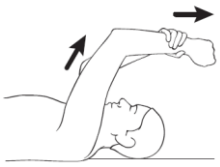
a) Supine Flexion
- Elbow supported on towel
- Start with elbow bent & progress to straight elbow as tolerated

b) Internal Rotation in Supine
- Arm supported on towel
- Arm positioned at 0- 20˚ abduction

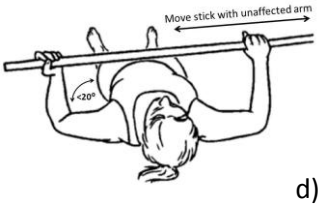
c) External Rotation in Supine
- Arm supported on towel
- Arm Positioned at 0-20˚ abduction

d) Extension in Standing
- Arm supported or hanging based upon comfort

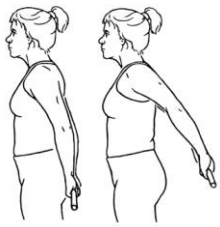
a)



b) & c)



d)



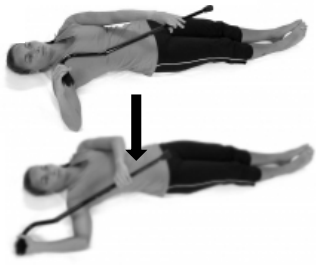
Step 2:

Goal: gradually transition to <u>full, pain-free active range of motion with good scapular control</u>. Continue manual therapy interventions as appropriate.

<u>Active Assisted Shoulder Range of Motion:</u>

- Progress supine external & internal rotation to 90^{o} abduction as tolerated (a)

a)



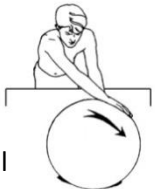
Consider hydrotherapy in pool as an alternative to improve shoulder range of motion. Avoid any true swimming strokes at this stage!

<u>Active Range of Motion:</u>

- Gradually transition to full pain-free range of motion without assist
- Be cautious with horizontal flexion/hand behind back if restricted due to biceps pain; treat & allow to settle before stretching into aggravating positions.

<u>Proprioceptive Exercises:</u>

- Start <u>below shoulder height</u> with focus on good scapular control
- Examples: ball rolling on table top, incline ball rolling, ABC's on wall



Step 3:

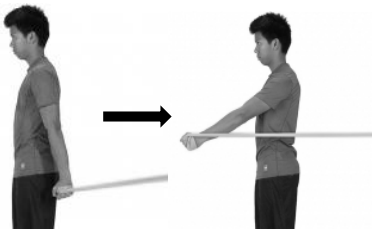
Goal: Introduce basic strength exercises for rotator cuff & scapulothoracic musculature. Continue manual therapy interventions as appropriate.

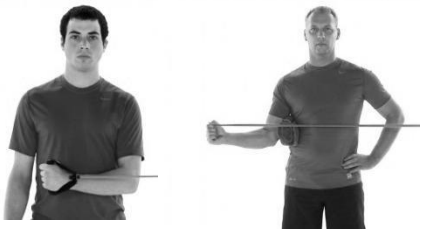
<u>Strengthening Exercises:</u>

- **Start slowly once full pain-free ROM achieved**
- Begin with resisted exercises **below shoulder height** in **neutral abduction** with focus on maintaining **good scapular control & stability** during movements
- Resistance should be applied with a light weight or Theraband (yellow or red/orange). It is rare to exceed greater than 2kg of resistance in the first 12 weeks.
- Perform 1x/day until it is clear there is no aggravation to the tendon or joint; may progress up to 2x/day as tolerated.

<u>Examples of Early Stage Strengthening Exercises:</u>

a) Supine or Standing Flexion (range of motion as tolerated below shoulder height)
b) Internal Rotation & External Rotation (shoulder in neutral/0^{o} abduction)
c) Biceps & Triceps
d) Standing Row

a) 

b) 

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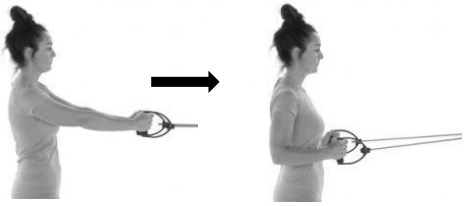
d) 

Step 4:

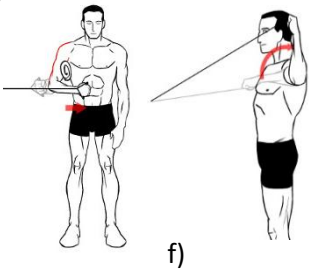
Goals: Gradually introduce advanced strengthening exercises & focus on incorporating more functional & activity-specific movement patterns/positions. Continue to work on scapular control. Provide manual therapy interventions as appropriate.

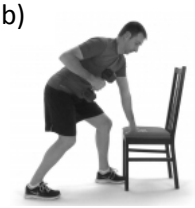
Advanced Strengthening & Proprioceptive Exercises:

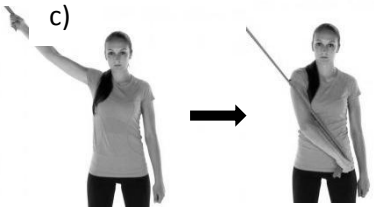
- If patient is able to maintain proper scapular control and the rotator cuff is strong and pain-free in neutral, may progress strengthening into greater ranges of abduction. Never load the tendon into end range if shoulder is stiff.
- Always be mindful of tendon biology and patient requirements. **Each patient has different functional requirements, tendon quality, and healing potential.**
- **Introduce weight bearing exercises as tolerated, always ensuring proper scapular control is maintained and the quality of movement is good.** If returning to yoga, consider modifying poses to avoid stressing joint at end range.
- **Consider returning to gym program with physiotherapy recommendations** for exercises to modify/avoid (i.e. heavy overhead weights, bench press, dips, military press, chin-ups)
- Gradually progress exercises into positions that are functional and specific to the patient's occupational, recreational, and sporting demands.

Examples of Advanced Phase Strengthening & Proprioceptive Exercises:

a) External & Internal Rotation at various degrees of abduction (i.e. 30°, 45°, 90°)
b) Bent Over Rows (progress to greater degrees of abduction)
c) PNF Patterns
d) Push Ups (start on wall & progress to knees)
e) Plank (start from knees & elbows)
f) Wall Ball Toss

a) 

b) 

c) 

d) 

e) 

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