

Standard Non-Surgical Rotator Cuff Injury Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-4	 Maintain/improve range of motion (ROM) to comparable shoulder Decrease pain and protective/compensatory behaviors Maintain cardiovascular fitness 	 Avoid provocative maneuvers, motions or exercises that cause discomfort Avoid sling use unless otherwise directed by physician 	 Passive to Active Assisted Shoulder ROM in all planes Pendulum Flexion Abduction External Rotation Initiate postural and periscapular strengthening Maintain full active elbow, wrist and hand ROM Complete ADL's with affected arm as able with minimal to no pain. Criteria for progression Minimal pain and tenderness Improvement of active/passive ROM Return to functional ROM Initial visit: FOTO, QuickDASH
Weeks 4-8	 Full active shoulder ROM in all planes Initiate strength/resistance training 2-3x/week Maintain cardiovascular fitness 	 Avoid provocative maneuvers, motions or exercises that cause discomfort Avoid high velocity or high load activities of the shoulder 	 AAROM to AROM/ Functional ROM Flexion Abduction External Rotation Internal Rotation Hand Behind Head Hand Behind Back Initiate Isometric Exercises Rotator Cuff Deltoid Progress to Isotonic exercises as able with low loads and little to no pain Criteria for progression Full painless active ROM No pain or tenderness with strengthening exercises Week 6: FOTO, QuickDASH
Weeks 8-16	 Improve shoulder complex strength, power and endurance Progressive, Systematic Interval Program for Returning to Sports Overhead Athletes Tennis Golf 	 Appropriate progression of increased velocity and loaded activities of the shoulder Adherence to Soreness Rules 	 Strength O Isotonic strength training exercises with progressive overload Plyometric Training O Focus on speed/velocity of movement Sport Specific Training Week 12-16: FOTO, QuickDASH

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.