

ROTATOR CUFF TENDINITIS & BICEPS TENDINITIS REHAB PROTOCOLS

Rehab Protocols

 www.TheAmericanOrthopedics.com/resources



Dr. Drew Ratner

PHASE I – INFLAMMATORY PHASE

Modalities to control inflammation

- NSAIDs – Aleve (Naproxen) 220mg – take 2 twice a day for 14 days
- Ice

Cervical & Thoracic Spine:

- Evaluate and treat Cervical & Thoracic dysfunction contributing to shoulder pathology

Glenohumeral Range of Motion:

- Apply appropriate joint mobilization to restrictive capsular tissues
- Implement wand stretching as indicated
- Supplement with home program
 - Cross arm stretch
 - Side-lying internal rotation
 - Thumb up back
 - Triceps stretching

Scapulothoracic Range of Motion

- Treat restricted soft tissue contributing to impingement

Scapular Strengthening

- Begin scapular stabilization with appropriate instruction in mid and lower trapezius facilitation

PHASE II – SUBACUTE PHASE; EARLY STRENGTHENING

Continue with modalities and ROM outlined in Phase I

Begin Rotator Cuff Strengthening

- Theraband internal/external rotation (0° abduction)
- Rows
- Prone table extension
- Scaption (not above 90°)
- Ceiling punch
- Biceps
- Triceps

Call [864-807-9998](tel:864-807-9998) with any questions about rehab protocols.



PHASE III – ADVANCED STRENGTH & PROPRIOCEPTION

Continue with Phase II strengthening with the following additions:

- Prone horizontal abduction at 90° with external rotation
- Prone row with external rotation
- Theraband IR/ER at 90° abduction
- Push-up progression
- Advance gym strengthening: front latissimus pulls, light chest work in protected range of motion
- Seated press-ups
- Resisted PNF patterns
- Begin two arm plyometric exercises, advancing to one arm

PHASE IV – RETURN TO SPORT

- **Continue with Phase III program**
- **Re-evaluation with physician**
- **Advance to return to sport program as motion and strength allow**

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