**Rehabilitation Protocol**

**Rotator Cuff / Biceps Tendonitis Non-Operative Management**

**Phase I - Inflammatory Phase**

**Modalities to Control Inflammation**

* NSAIDs – Aleve (Naproxen) 220mg – take 2 twice a day for 14 days • Ice
* Ice or Ice Machine (Breg Polar Care Wave), (at least 20 minutes at a time, 4-5 times per day)

**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 1***

**Begin Rotator Cuff Strengthening:**

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

**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 (6-8 weeks of therapy)**

**Advance to return to sport program as motion and strength allow**