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Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

Rotator Cuff Tear / Tendinosis Nonoperative Rehab Protocol Prescription

Patient Name: ___________________________ Date: ____________

Diagnosis: Rotator cuff tear / tendinosis L / R shoulder

Number of visits each week: 1 2 3 4 Treatment duration ________ weeks

Acute Phase
PROM program to address capsular stiffness
  Wand and pulley exercises
  Focus on normalizing scapulothoracic and glenohumeral rhythm
Correction of postural abnormalities
Glenohumeral and scapulothoracic joint mobilizations
Modalities to treat pain and inflammation
  May include cryotherapy, US, e-stim, iono/phonophoresis for bicipital tendonitis
Evaluate proximal biceps tendon and treat accordingly
Daily HEP

Recovery and Strengthening Phase
Continue joint mobilization as indicated
Scapula strengthening exercise program
Rotator cuff strengthening
  Start with eccentric and progress to concentric strengthening
Core body strengthening to address lumbopelvic stability
Assess and correct any substitution patterns
Daily HEP

Functional Phase and Maintenance Program
Continue maintenance flexibility program
Treat any remaining capsular tightness
Continue strengthening program with progressive increase in resistance
Functional and sport specific training
Progressive home or gym program for strengthening and endurance

ADDITIONAL COMMENTS: __________________________________________

Concerns or questions:
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Physician Signature: