REHABILITATION PROTOCOL FOR THE NONOPERATIVE TREATMENT OF ROTATOR CUFF TENDINOPATHY AND GLENOHUMERAL JOINT OSTEOARTHRITIS

Instructions:

Manual Therapy:
GOAL- Increase joint mobility to improve flexion, abduction, internal rotation, and external rotation.
Please focus on joint mobilization as appropriate per patient for shoulder, shoulder girdle, cervical spine and upper thoracic spine.
Stretch/release the pectoralis major and minor, upper trap, sternocleidomastoid, and scalenes.
Please focus on scapular control for range of motion, scapular dynamic strengthening exercises.

Range of Motion:
GOAL- Progress from active assisted range of motion to active range of motion.
Please focus on increasing range of motion via active assisted and active range of motion, with an emphasis on forward elevation, abduction, external rotation, and internal rotation.
When working on flexion please block scapulothoracic and emphasize glenohumeral motion.
Please work to stretch the anterior and posterior capsule as needed per patient.
No range of motion limitations.
Mild discomfort while pressing into end-ranges is ok, but frank pain is not.
Assist the patient in relaxation of the upper trap.

Strengthening:
GOAL- Achieve increased shoulder strength.
Ok to incorporate active range of motion and strengthening per therapist's preference, with no specific limitations. However, focus upon motion and not upon strengthening.
Begin by assuring the patient has adequate core and periscapular strength/stability.
Strengthen the rotator cuff muscles.
If patient presents with limited forward elevation Jackins' exercises should be used.

Home exercise program:
Please provide with a home exercise program. Once the patient advances past manual therapy they may progress to a home exercise program.

Modalities:
Heat, massage, and pain medications before exercises and ice after.

Frequency Note:
The patient should work on motion and flexibility daily and strengthening at minimum 3 times per week whether it is home-based or in-office.