

PHYSICAL THERAPY PROTOCOL

Rotator Cuff Tendinitis / Impingement — Conservative Management

Non-operative treatment of rotator cuff tendinopathy and subacromial impingement

Rotator cuff tendinopathy and impingement respond well to activity modification, restoration of motion and posture, and progressive rotator cuff and scapular strengthening. Painful overhead activity is temporarily limited while strength and mechanics are restored.

General Precautions

- Temporarily limit painful overhead and repetitive reaching activity.
- Avoid painful end-range loading early.
- Progress strengthening in pain-free ranges.

Phase I — Pain Control & Motion Weeks 0-2

Goals

- Reduce pain and inflammation
- Restore motion
- Restore posture and scapular control

Precautions / Restrictions

- Avoid painful overhead activity
- Avoid painful end-range positions

Exercises & Interventions

- Pendulums and active-assisted range of motion
- Posture and scapular setting
- Posterior capsule (sleeper/cross-body) stretch
- Ice after activity
- Sub-maximal cuff isometrics

Criteria to Advance

- Pain reduced
- Motion improving

Phase II — Strengthening Weeks 2-6

Goals

- Restore full motion
- Strengthen the rotator cuff and scapular stabilizers

Exercises & Interventions

- Full active range of motion
- Resistive rotator cuff (ER/IR/scaption) in pain-free range
- Periscapular strengthening (rows, lower-trap, serratus)
- Rhythmic stabilization

Criteria to Advance

- Full pain-free motion
- Improving strength and mechanics

Phase III — Return to Activity Weeks 6-12

Goals

- Restore full strength
- Return to overhead activity

Exercises & Interventions

- Progressive resistive strengthening and endurance
- Overhead / sport-specific progression
- Interval throwing or serving program as indicated

Criteria to Advance

- Symmetric strength
- Full painless overhead function

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.