

Rehabilitation Protocol: Shoulder Impingement / Partial Rotator Cuff Tear – Non-Operative

Phases are based on **symptom irritability**, not time – patients may present in any phase. Do not immobilize the shoulder; continue pain-free use of the arm. Please contact our office with any questions or concerns.

☐ **Phase I – High to Moderate Irritability**

- **Precautions:** Avoid pain-provoking positions (sleeping on the shoulder, overhead or side reaching, reaching behind the back, carrying heavy bags, weight bearing on the arm)
- **Treatment**
 - Education: condition, activity modification, postural awareness and retraining
 - Manual therapy: soft tissue mobilization (posterior cuff, levator, subscapularis, lats, pecs, upper trap); spinal and joint mobilization for pain; PROM in scapular plane
 - AAROM: pendulums; flexion, IR, ER in scapular plane
 - Deltoid isometrics; periscapular strengthening; unloaded core activation
 - Scapular rhythm training, rhythmic stabilization; taping; HEP
- **Criteria to Progress:** Reduced irritability; improved pain-free ROM; independent postural awareness

☐ **Phase II – Moderate to Low Irritability**

- **Precautions:** Avoid premature increases in activity and pain-provoking movements
- **Treatment**
 - PROM and joint mobilization (GH, AC, SC, scapulothoracic, thoracic spine, 1st rib) for deficits
 - Begin scapular-plane elevation; isometrics (short to long) progressing to isotonic; periscapular and deltoid; pain-free rotator cuff activation
 - Bilateral closed chain stabilization in scapular plane; scapulohumeral rhythm motor control; humeral head control in flexion, scaption, abduction
 - Core and kinetic chain (contralateral hip) strengthening; non-irritating cardio
- **Criteria to Progress:** Good pain-free scapular control to 90° in scapular plane; minimal pain with ADLs

☐ **Phase III – Low to No Irritability**

- **Treatment**
 - Progress isotonic loading; advanced core (planks, bird dogs, prone trunk extension)
 - Single-arm closed chain stabilization; resisted PNF; dynamic perturbations
 - Two-hand plyometrics, progressing to overhead and single arm
- **Criteria for Discharge:** Good pain-free scapular control above shoulder height; full ROM; strength in previously painful positions

☐ **Phase IV – Return to Sport (if applicable)**

- **Treatment**
 - Higher-load open and closed chain isotonic; multidirectional core; single-arm plyometrics
 - Throwing; Thrower's Ten/Advanced Thrower's Ten; collaborate with trainer/coach; monitor dosing and rest
- **Return to Sport:** Independent with return-to-sport program; strength, motion, power, and accuracy meet sport demands