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## **Physical Therapy Non-Operative Protocol Rotator Cuff Impingement**

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### **Phase I – Inflammatory Phase:**

- Modalities to control inflammation:
  - Prescription anti-inflammatories
  - Ice
  - Clinical modalities as needed
- Cervical and thoracic spine:
  - Evaluate and treat cervical and 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
- Early scapular strengthening:
  - Begin scapular stabilization with appropriate instruction in mid and lower trapezius facilitation

### **Phase II – Subacute Phase; Early Strengthening:**

- Continue with modalities and range of motion as outlined in Phase I
- 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 Strengthening:**

- 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 and therapist
- Advance to return to sport program as motion and strength allow

This protocol is intended to provide a general guideline to treating rotator cuff impingement. Progress should be modified on an individual basis.

03/26/02