

## Physical Therapy Prescription – Rotator Cuff (Nonoperative Rehabilitation)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: R / L \_\_\_\_\_

Frequency: 2-3 times per week for \_\_\_\_\_ weeks, with emphasis on home exercise/stretching program

- **Range of Motion:** AROM, AAROM, and PROM – no limitations
  - Pendulums → emphasize technique of using momentum of body to move shoulder; perform clockwise, counter-clockwise, forward and backward, and side-to-side (20 cycles for each)
  - AAROM using a cane or pulley system including FF, ER, and ABD → 3 sets of 10 reps per motion; advance from supine to upright
  - Advance to AROM using mirror training to emphasize motion without concomitant shoulder shrugging
- **Exercises:**
  - Scapular exercises including elevation with shrugs, depression, retraction, and protraction
  - Isometric exercises → ER and IR isometrics against a wall
  - Resistance exercises with elastic band or hand weights → including resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening
    - i. Resistance exercises should be done 3 days/week, with rest between sessions
  - Postural and peri-scapular exercises within a pain free range, including rows, chair press, shrugs, press-up, posterior deltoid, etc
  - Jackins' exercises for patients with limited active FF ability
  - **NOTES:**
    - i. Exercises may induce fatigue but not cause increased pain
    - ii. Progress all exercises to include 3 sets of 10 reps, and try to progress to 20 reps
    - iii. Emphasize low-weight, high-rep strengthening
    - iv. **Do not do full-can or empty-can exercises → these place too much stress on the rotator cuff**
- **Patient-Directed Flexibility Exercises:**
  - Anterior shoulder stretches including door stretch
  - Posterior shoulder stretches including sleeper stretch, golfer stretch, and towel stretch
  - Hold stretches for 30 seconds, with 10 seconds rest between reps, for a total of 5 reps per stretch
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat, ice, etc
- **Manual Therapy:** Per therapist, including inferior, anterior, and posterior glides and long axis traction

Signature: \_\_\_\_\_

Date: \_\_\_\_\_