

ROTATOR CUFF

Nonoperative Physical Therapy Protocol



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included the protocol I would like the patient to focus on at each stage of their rehab. The patient has also been given a home exercise program to do alongside their therapy. I would be grateful if you could help teach them to perform those exercises correctly and encourage them to stay consistent.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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We suggest progressing based on symptom response and quality of movement rather than elapsed time. The patient has a home program of five stretches 5 to 6 days per week and six strengthening exercises 3 days per week for 6 to 12 weeks. The recommendations below are meant to complement your clinical judgment.

PHASE	TYPICAL TIMING	FOCUS	CRITERIA TO ADVANCE
I Symptom control	0-3 weeks	- Reduce pain and irritability. - Restore full passive motion. - Posterior capsule stretching. - Scapular awareness and postural correction.	- Pain controlled at rest and at night. - Full or near-full passive motion.
II Cuff and scapular strength	3-8 weeks	- Isometric then banded rotator cuff work below shoulder height. - Scapular retraction and serratus activation. - Progressive load.	- Pain-free rotation against moderate resistance. - Scapular control maintained through range.
III Functional loading	8+ weeks	- Progress above shoulder height as tolerated. - Add endurance, closed-chain work and sport or occupation-specific demands.	- Symmetric strength. - No pain with overhead loading.



Technique Notes

- 1 We favor **introducing strengthening early** rather than waiting until the shoulder is pain-free.
- 2 **Addressing scapular mechanics before loading the cuff** is often helpful, as uncorrected dyskinesia can limit progress.
- 3 Posterior capsule tightness is common. **Cross-body and sleeper stretching** may be worth prioritizing early.
- 4 We suggest **beginning rotation work at the side** and progressing to 45 and then 90 degrees of abduction as symptoms allow.
- 5 **Working below the painful arc initially** tends to work well, with overhead loading added once rotation is pain-free against moderate resistance.
- 6 The home program **progresses repetitions before resistance**, from 3 sets of 8 to 3 sets of 12 before increasing load.
- 7 **Serratus activation** such as press-plus and wall slides can be a useful adjunct for scapular winging or poor upward rotation.



Precautions

- ! We ask that exercise **not provoke sharp pain**. Mild muscle fatigue is expected.
- ! We recommend **avoiding heavy loading in the painful arc** and repeated overhead work early on.
- ! For a known full-thickness tear managed nonoperatively, we recommend **avoiding maximal or ballistic loading**. The goal is functional strength in the remaining cuff and periscapular muscles.
- ! **Smoking, nicotine use and poorly controlled diabetes** can slow progress.



What to Track, and When to Tell Us

- We find it helpful to track active and passive range of motion, rotator cuff strength and any scapular dyskinesia at the initial evaluation and reassessments.
- **Please let us know** if strength is declining rather than improving, which may indicate tear progression.
- **Please let us know** if pain is escalating, if the patient cannot tolerate the home program or if there is no meaningful progress by approximately 8 to 12 weeks.



Suggested discharge criteria

- ✓ Rotator cuff and periscapular strength adequate for occupational and recreational demands.
- ✓ Pain controlled and not limiting activity or sleep.
- ✓ Patient independent with the home program, to continue two to three days per week for maintenance.