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REHAB PROTOCOL: Biceps Tendinosis, Adhesive Capsulitis (Mild), Rotator Cuff Tendinitis

Name: _____ **Date:** _____

Diagnosis: _____ **Date of Surgery:** _____

PLAN

Patient education, posture correction and ergonomics
Outpatient pain medication, joint mobilization, soft tissue mobilization and modalities – ice, heat, ultrasound, etc during the acute phase

Phase I:

Active/Active Assisted (AA)/Passive Range of Motion (PROM) –

1. No limitations with ROM but emphasize GENTLE PROM to start with.
2. Work in pain-free arc, but emphasize modalities to stretch.
3. Focus on IR (internal rotation) and ER (external rotation) at 90° Abduction in supine position. Try to preserve as much IR and ER as possible.
4. Work on gaining full flexion and abduction. Emphasize glenohumeral motion and block scapulothoracic motion during abduction and flexion from 0-80°.
5. Pulleys in scaption (patient should be seated and facing the pulleys)

Rotator cuff and scapular stabilization program exercises, begin at 0° and progress to 45° and 90° as tolerated pain-free but priority is ROM and these exercises should not begin till functional range of motion is achieved.

Home Exercise program of stretches to be done 3-4 times a day for 1-15 minutes per session

Phase II and III

After pain control and range of motion recovered: Start

Rotator cuff strengthening protocol- Eccentric protocol; isometric --> therabands-->light weight --> med-heavy weight

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Scapular strengthening exercises

Precautions

1. Exercises should be performed in painless arc initially (usually below the shoulder level) and progressively advanced to above shoulder level
2. Avoid provocative positions during strengthening exercise in the initial phase: flexion, adduction and internal rotation or arm behind the back
3. Avoid body blade, weights or upper body ergometer in the stretching and initial strengthening phase
4. Emphasize lower weight, higher repetition exercises starting out with lightweights and progressively increasing the intensity, resistance and speed. Focus on strengthening in functional positions
5. Avoid strengthening exercise with long lever arm (elbow extended and shoulder abducted and extended, Empty can position)
6. Watch out for recurrence of subacromial bursitis symptoms due to fatigue of rotator cuff during strengthening phase. Allow for adequate rest and stretching in between days of strengthening

Modalities

Heat and Ice

Ultrasound

Iontophoresis

Phonophoresis

Therapists' discretion

TENS

Trigger point massage

Evaluation and others

Teach home exercise program

Comments:

Frequency: 2-3 times per week

Duration: 12 weeks

Signature: _____

Date: _____